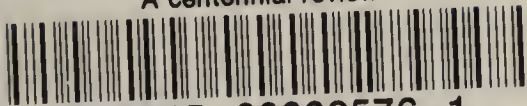
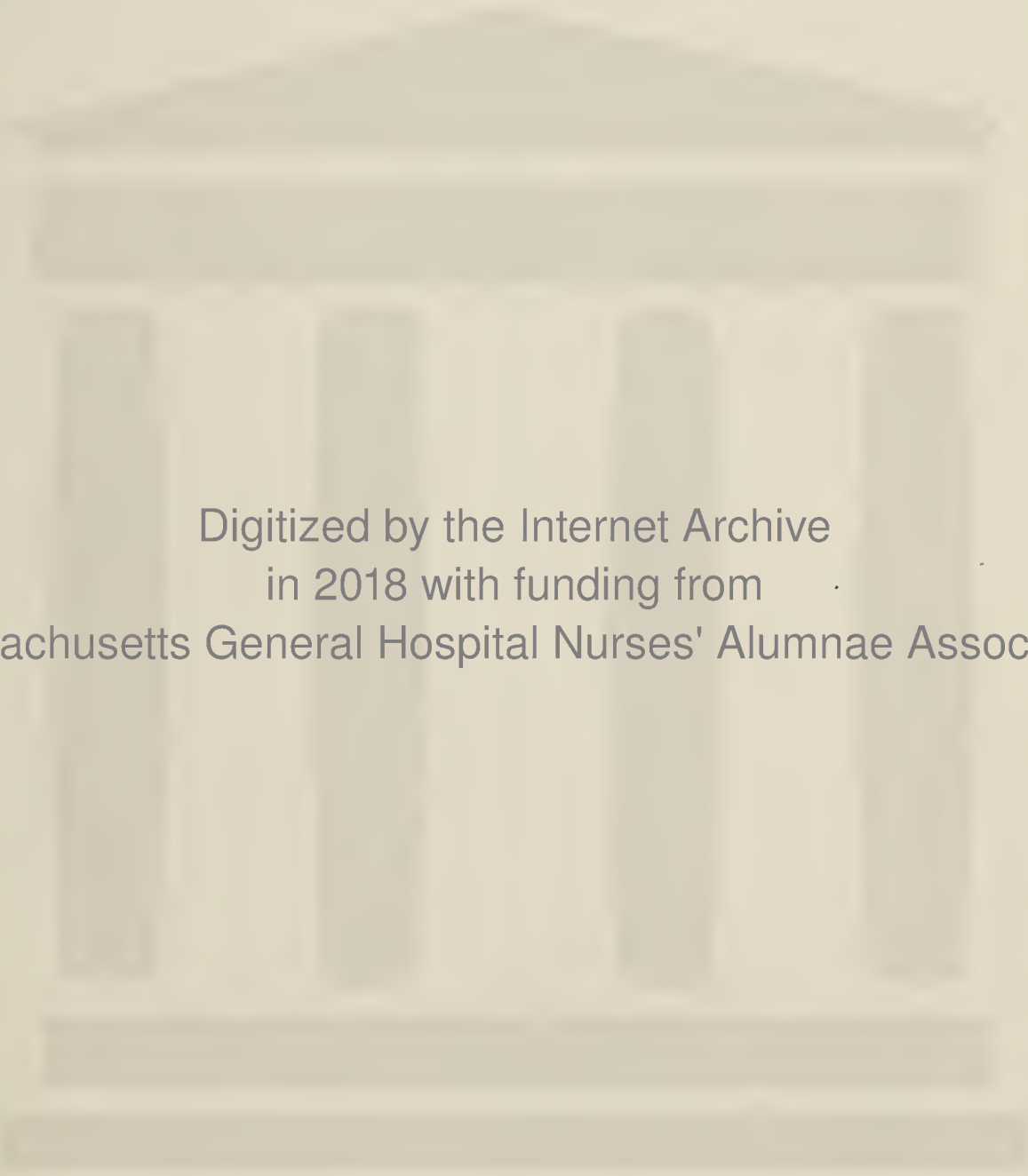


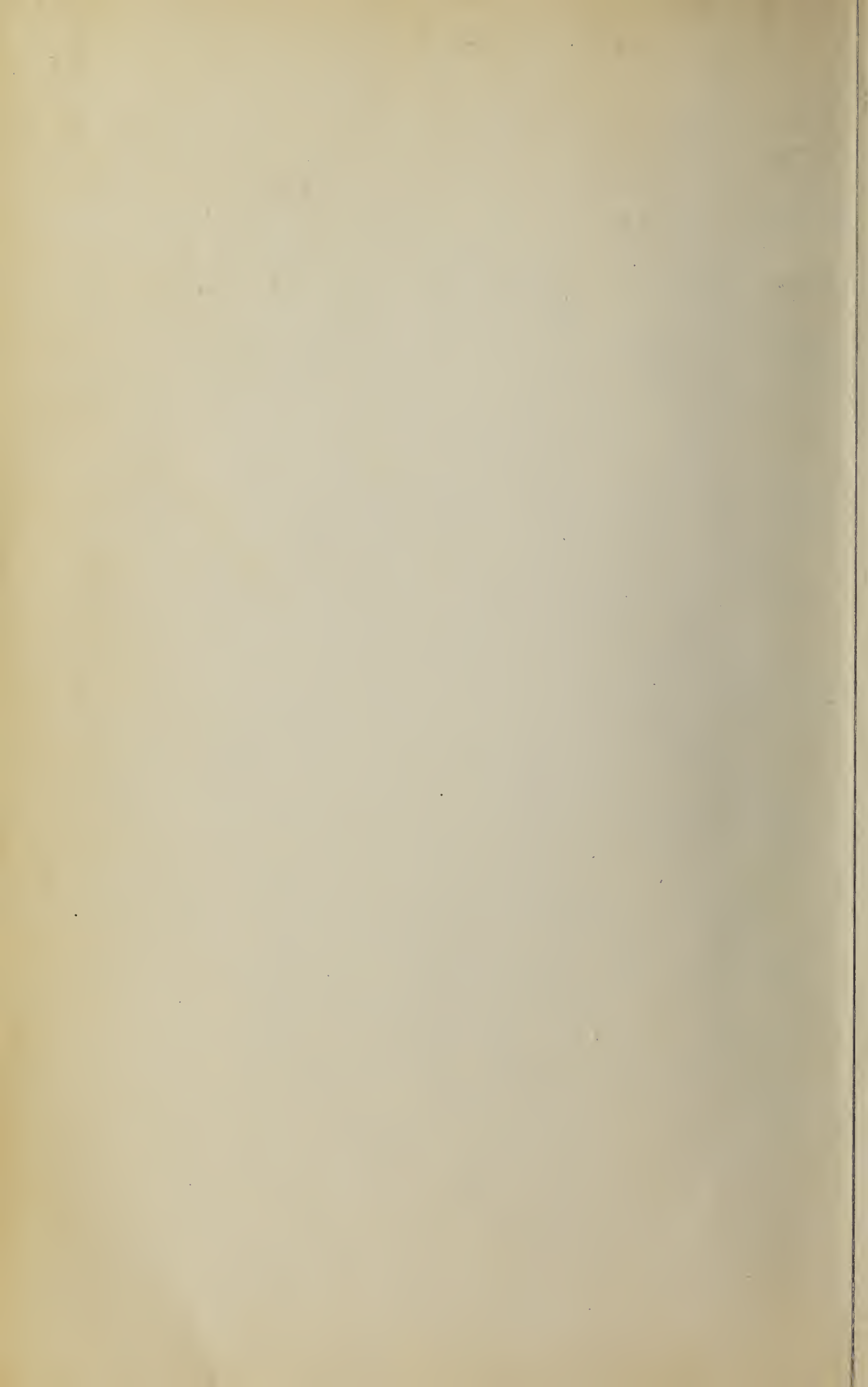
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A CENTENNIAL REVIEW

1873 - 1973

OF THE

MASSACHUSETTS GENERAL HOSPITAL

SCHOOL OF NURSING





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A Centennial Review



The Bulfinch Building, 1818

The Domestic Building, 1901

The George Robert White Building, 1939

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A Centennial Review

THE MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

1873-1973

by

Sylvia Perkins

Assistant Director, 1941-1966

1975

SCHOOL OF NURSING
NURSES ALUMNAE ASSOCIATION

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NURSES ALUMNAE ASSOCIATION, INC.

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Dedicated
to
The Graduates
of
The Boston Training School for Nurses
and
The Massachusetts General Hospital
School of Nursing

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Foreword

THE Massachusetts General Hospital School of Nursing, one of three training schools in the United States established in 1873 according to the Nightingale plan, is the only one of the three that can record a century of experience. A small committee of pioneers, recognizing the growing need of many women to earn their livelihood and the increasing benefits to the sick of having trained nurses to care for them, founded the Boston Training School for Nurses. They received guidance from interested doctors on the staff of the Massachusetts General Hospital, and the Hospital was utilized for the nursing experience of the women in training. After 1896, when the management of the School was transferred to the Hospital, it assumed full responsibility for all aspects of the program.

During its one hundred years, the School has been influenced by many social and economic forces, by developments in science and medical care, by changes in the principles and goals of nursing education and the delivery of nursing service, by the School's faculty and students, and by hundreds of individuals associated with the Hospital who have contributed to its growth. The School has continued to be a significant force in nursing education. Many of its graduates have provided leadership in Nursing and have contributed in diverse ways to promoting health and overcoming sickness in the United States and in many other parts of the world.

Although *A Centennial Review* has been written primarily for those closely associated with the School, it is hoped that others may find it a useful account of one school's progress through ten decades of momentous change.

The School and the Alumnae Association are grateful to the author, whose long intimacy with the School and persistent efforts have made possible this record.

RUTH SLEEPER



MGH Nurses in the 1890s



Linda Richards
1874-1877



Pauline L. Dolliver
1899-1909

Superintendents
of Nurses



Anna C. Maxwell
1881-1889



Sara E. Parsons
1910-1920



Maria B. Brown
1889-1899



Helen Wood
1917-1920 and 1931-1932
(Acting Superintendent)

Preface

A CENTENNIAL REVIEW gives an account of the Massachusetts General Hospital School of Nursing from the founding in 1873 of its forerunner, the Boston Training School for Nurses, to the present. Although the main focus is on the School, its development can be understood only against the background of the Massachusetts General Hospital and the evolution of nursing education in the United States, both of which are briefly sketched. The realization that not all potential readers will be nurses or will be acquainted with the history of Nursing has led me to include certain other material. To increase an appreciation of the continuities and discontinuities in the School's progress, it seemed essential to present some facts related to the first fifty years, even though they had been recorded earlier in the invaluable *History of the Massachusetts General Hospital Training School for Nurses*, written by Sara E. Parsons and published in 1922.

The process of reading again with a new purpose the chief primary and secondary sources of information about the Hospital and the School has given me a deeper appreciation of the efforts of the remarkable men and women who have been associated with them. It is clearly impossible to identify more than a small fraction of the individuals who, by participating in the School's life, have enriched it. I am haunted by the hundreds whose names cannot be included. A similar predicament was resolved by the MGH Trustees in their Report of 1869, when they said, according to Nathaniel I. Bowditch's *A History of the Massachusetts General Hospital*, "The large number of nurses . . . are not forgotten, though their names are of silent fame."

My wayfaring has brought into focus and clarified many a partially recognized situation or incompletely known dilemma. It has also illuminated the dimensions of the efforts made by the School's administrators and teachers to realize improvements, and the courage with which they sustained disappointments. Writing about one's own School is

difficult, since memory may gild or tarnish a particular event or cause unrecognized deletions. An unbiased account that includes both successes and failures is the obligation assumed by anyone providing a historical account. Fortunately I have had the counsel of several persons who know many parts of the story firsthand, and so have supplemented my own experience.

The idea of bringing the School's history up to date originated with Ruth Sleeper. Several adjustments have been made in the original scope and plan of the book as a result of limited resources and good advice. When the plan for a history, as it was first conceived, was judged impractical, the study by questionnaire of the School's graduates was substituted. However, when committee members read the information derived from the questionnaires, they realized that the findings would have scant meaning, even for the respondents, without some frame of reference. Hence, some kind of historical account was considered anew. It soon became evident that the material from the questionnaires would not fit into the developing plans for *A Centennial Review*, but would be more suitable in a separately published pamphlet.

Fortunate is the traveler who has helpful associates. In the course of preparing the *Review*, I have had the benefit of the editorial advice and assistance of two experienced guides. Janet Wilson James, whose association with the Committee for *A Centennial Review* began at the first stages of planning, dealt skillfully with the manuscript and supplied perspective and insight from her knowledge of the social history of women. When circumstances required her to relinquish the work, it was ably continued by Lyle Gifford Boyd, a former associate. Mrs. Boyd has also written the major part of the Epilogue, which deals with the years after Miss Sleeper's retirement and ends with the Centennial Celebration. Working with each editor has been a valuable and rewarding experience for me as well as a distinct benefit for the *Review*. I extend my heartfelt gratitude to them.

No words can convey my appreciation to the members of the Committee for *A Centennial Review* who have been steadfast from the first days of our considering a history, through the completion of the study of the alumnae, to the final production of this book. My thanks are

proffered to Beverly Thoren and Margaret Harrington Anderson, successive presidents of the Alumnae Association, for their interest and efforts. Natalie Petzold has been unfailingly responsive and helpful. The subcommittee members have been the ones most closely associated with the on-going work and the many demands of each project. In the early stages of gathering materials for the *Review*, Helen Sherwin and Ruth Sleeper assembled and organized extremely useful summaries of School and Hospital events. Miss Sleeper has been the committee's secretary, except for the first few meetings. Barbara Williams has contributed in many ways, among them painstaking searches of School records and laborious preparation of mailing lists; she has summarized many pages of responses from alumnae. It would be impossible to include all of the many ways in which Helene Lee has been of assistance. She, too, prepared mailings and summaries. She continues to manage all of the financial matters associated with producing both the *Study* and the *Review*. Most of all I am grateful for her constant support and understanding. I particularly wish to record my appreciation to the members of the subcommittee who have read the manuscript at various stages and have offered useful suggestions. I wish to emphasize that any mistakes of fact or faulty interpretation are completely my responsibility. I am grateful to the other members of the committee, who shared in the initial efforts associated with the *Review*: Ann Cahill and Sarah Craig Robinson of the faculty and the Alumnae Association's representatives Catharine G. Barrett, Margaret P. Cade, and Annie R. Polcari. Adelaide Mayo, though not a member of the committee, is another alumna who has been most helpful in diverse ways.

The Committee for *A Centennial Review* and the *Study* appreciates the authorization of funds for these projects given by the Trustees Committee on the School's Endowment Fund. We are grateful, also, for support from the Alumnae Association and for contributions from friends. We thank the Advisory Council of the School for their interest.

Among others to whom I express my gratitude for their assistance are Evelyn Lawlor, secretary to the Alumnae Association; Barbara Fitch, secretary to the Director of the School of Nursing; and the staff of the Palmer-Davis Library, particularly Gertrud Ilse for her many cour-

tesies. I am indebted to innumerable individuals at the Hospital and the School who have answered questions and expressed their views. Many people have participated in the typing of manuscript and the preparation of related materials both in Hanover and in Cambridge; three of them did long stints of typing and I particularly thank Deanne George, Cathy Strom, and Irene Le Baron.

Only the experience could make realizable the dislocations caused by having a person at home who is involved for several years in two projects of some magnitude. Tirzah Sweet has accepted the invasion of her otherwise orderly domain by the paraphernalia associated with writing, been hostess for many "working" guests, reviewed manuscript, provided spurs to action, and accepted postponements and delays in our plans. Her efforts have gone far beyond the ordinary bounds of cooperation, and I am deeply appreciative.

Although the journey has been arduous, I have found it highly stimulating to travel this long route from Prince's pasture, the name of the original four acres provided for the General Hospital, to today's vast MGH complex, of which the School is now a separate unit.

SYLVIA PERKINS

Hanover, N. H.

16 April 1975

I. FROM THE BEGINNING

===== 1811-1909 =====

CHAPTER 1

The Massachusetts General Hospital

WHEN the first students entered the Boston Training School for Nurses, the Massachusetts General Hospital was a little more than fifty years old. It had been opened to patients in 1821, the first hospital in New England and an early triumph of charitable effort. In those days the well-to-do were cared for at home during illness; the sick poor had no refuge but the Boston Almshouse, where they were housed with the insane and the city's paupers. It was the chaplain at the Almshouse, the Rev. John Bartlett, who in 1810 drew the attention of influential Bostonians to conditions there. Two young professors at the Harvard Medical School, both of families prominent in the city, took up the cause, urging the need for a hospital not only for the relief of the mentally or physically ill, but also to provide clinical facilities for the instruction of medical students. Dr. James Jackson was to be attending physician at the MGH for twenty years and Dr. John Collins Warren was attending surgeon for thirty-five years. The legal foundations for the Hospital were laid in 1811, when a group of fifty-six prominent citizens from Boston and other communities in the Commonwealth secured a charter from the Massachusetts General Court.

The War of 1812 then intervened, but by 1817, after several years of difficult fund raising, the goal was in sight. The Hospital seal was chosen, a device taken from the seal of the Commonwealth, which was later adopted as the design of the pin worn by graduates of the MGH School of Nursing. The decision was made to divide the Hospital into two separate facilities. Property in Charlestown was secured for an insane asylum, which accepted its first patients in 1818. This institution was later relocated in the town of Belmont and named the McLean Hos-

pital for its most generous benefactor. Within view of the asylum but on the east bank of the Charles River in Boston, four acres of land on Allen Street were purchased as the site of the general hospital. The hospital building, designed by Charles Bulfinch, famed architect of the Massachusetts State House, and constructed of Chelmsford granite, was opened in 1821. The sum of \$202,406, unprecedented for those days, had been raised, but the Hospital began its life in debt and without money to pay salaries. Finances remained a constant concern; one ingenious method of raising funds was the exhibition of a mummy from Thebes, donated to the Hospital as "an appropriate ornament of the operating room,"¹ which still stands in the Ether Dome.

From the first, both in-patients and out-patients were cared for. Except in small ward B, erected much later, there were few private patients for nearly a century. Six free beds, three medical and three surgical, were made available at once, and the patients who could do so paid small fees. The doctors contributed their services.

There is little mention of nurses in any of the early records. In 1822 Dr. Jackson "suggested certain regulations respecting nurses and attendants with a view to the better preservation of order and quiet,"² which indicates that the nursing personnel of the day left something to be desired. It seems doubtful that conditions improved in the next three decades, for when Lemuel Shattuck submitted his famous *Report of the Sanitary Commission of Massachusetts* to the state legislature in 1850, he recommended "that institutions be formed to educate and qualify females to be nurses of the sick."³ As a model he suggested the Institution of Protestant Deaconesses and Nursing Sisters which the Rev. Thomas Fliedner had founded at Kaiserswerth in Prussia (and where, the world would soon learn, Florence Nightingale had received her training). Shattuck proposed the establishment in Boston of "a kind of normal school, of the highest character and usefulness, at which females and males might be educated and prepared to be intelligent nurses."⁴ His vision was ahead of the times; another twenty-three years would pass before its partial realization in the Boston Training School for Nurses.

We have fragmentary pictures of the nursing provided in the early years of the Hospital. Dr. Jackson's testimonial to the qualities of one

Rebecca Taylor, who retired in 1860 after thirty-four years as head nurse, throws light on the medical profession's expectations:

All, who have known her, will remember the great modesty of her deportment. She never obtruded herself on the notice of anyone, and never claimed any distinction. . . . She was uniformly devoted to the sick in her wards, in the most quiet manner, and most tenderly too; but she never substituted terms of endearment for the faithful and punctual attendance. . . . There is not any comparison to be made between our good nurse and Miss Nightingale. The latter is a lady of education, in a different rank of life. She sees how important is the office of the nurse. She has studied the duties, I may say the high duties of a nurse for the sick. She has brought science to her aid. . . . My friend is of much humbler pretensions. She has been a hired nurse. . . . Filled with a sense of duty, she brought all her faculties into exercise, without bustle, and without parade. . . . It is a pleasure to bear testimony in favor of one so good.⁵

Georgia L. Sturtevant came to the MGH in 1862 to work as an assistant nurse. After the death in 1868 of the matron, Mrs. Mary A. Coleworthy, Miss Sturtevant was appointed matron, a position she held until 1894.

A graphic picture of a nurse's life before the days of training schools can be found in the recollections of Miss Sturtevant. After sixteen hours on duty, the nurses slept on folding cots in "little boxes of rooms" located between the wards; during the day these cubicles were used as consulting rooms for the medical staff and sometimes for minor operations. Much of the nurse's work was drudgery: carrying food to the patients on the heavy wooden trays then in use, washing the dishes, sweeping and dusting, rinsing out soiled clothing, washing and ironing bandages, and mending the hospital linen. The pay was \$7.50 a month, low even for the 1860s. With "no definite standard as to qualifications" in force, Miss Sturtevant remarks that there was great "diversity in age and intelligence among the nurses."⁶ Another, more plainspoken, contemporary account states that "many of the nurses were of the poorest grade, women such as one would not have admitted to one's own household"; occasionally there were "cases of drunken nurses." On the other hand, among the women employed were some who "never had their superiors as fine nurses, comforters of the sick, and . . . good women."⁷

These were highly regarded by both Trustees and doctors, who with few exceptions were content with the existing arrangements.

The Bulfinch Building originally provided beds for ninety-three patients. In 1846–1847 two wings were added; four more wards now permitted a total of 141 beds for medical and surgical patients. It might have helped bewildered new students of later decades if they had realized that the Bulfinch Building had once been arranged in many small rooms numbered from 1 to 27. It was thus quite logical to number the wards in the new wings 28, 29, 30, and 31. As early as 1827, when a severe epidemic of erysipelas occurred, the patients had to be moved to a nearby house so that the Hospital could be fumigated. In 1854 a brick building of sixteen rooms (thereafter known as “the Brick”) was built at the water’s edge west of the Bulfinch, to serve as an isolation ward. Much attention was given to ventilation, for odors were suspected of causing infection. It was this building which the MGH Trustees would assign to the first pupils of the Boston Training School in 1873. In this same year, as the School was opening, wards A and B were built in the area now adjacent to Charles Street. Together with E and later C and D, G and I, these were later referred to as “the lower wards.” The Bulfinch Building continued to provide living quarters for the Resident Physician (Director) and the offices of the Hospital and nursing administration as well as facilities for patients.

Meanwhile the MGH was holding a place in the forefront of advancing medical science. The administration of ether made operations painless after its dramatic introduction in the operating theater of the Bulfinch Building in 1846. The danger of infection, however, made operations perilous. By 1865 the English surgeon Joseph Lister, applying the findings of Louis Pasteur, had reduced infection by the use of diluted carbolic acid. Dr. J. Collins Warren, grandson of the Hospital’s co-founder, visited Lister in 1869 and brought back samples of new surgical dressings to the MGH. Previous attempts to use Lister’s method at the Hospital had not produced satisfactory results, it is said, because the method had not been adhered to regularly. The danger of infection was still so great that surgeons were reluctant to open the abdominal cavity. Dr. Henry J. Bigelow, senior surgeon, finally became convinced of the

wisdom of using antiseptics, and he promoted their use until asepsis became the method of choice. In 1889 the MGH constructed a special building, Bradlee Ward (E), where clean abdominal and brain surgery could be performed. This may have been the first such building in the United States.

Not all of the advances in scientific knowledge in Europe and America were related to findings in the field of microbiology, dramatic and life-saving though these were. Immunology and endocrinology came to be other productive areas of research, and a more complete understanding was gained of nutrition and the role of vitamins. The time span from the identification of the body tissues until isolation of the substance needed to treat a disease could take more than half a century. For example, Langerhans in 1869 described the islets that came to be known by his name, but the discovery and isolation of insulin by Banting and Best did not occur until 1921. However slowly, the obscurity in which the nature of disease had existed for centuries was being removed by scientific research. But while doctors at the Harvard Medical School and on the wards of the MGH were eagerly participating in research over the years, the education of the nurse continued to be minimal. Her functions included collecting specimens, recording, and assisting at tests. She lacked the knowledge which could have led to more involvement, to greater understanding and accuracy, and to better care and more fruitful investigation. "This is the way we do it" is a poor substitute for comprehension of purpose and method. Despite significant improvements in the School's curriculum, science courses continued to be limited, and they were not taught by instructors who had the sound preparation of a college faculty member. Even so, there were doctors who decried the number of hours students were off the wards attending class, as well as what they considered the tendency to "over-educate" nurses.

By 1900 a considerable building program was planned at the MGH. Old buildings had been used until they were dilapidated. "The Brick," which had been used in its last years to house women employees in domestic service, was torn down in 1899 to make way for the new Domestic Building. A pharmacy, store, kitchens, dining rooms, a new

power house, a new operating room, and a new Out-Patient Department were all badly needed. With a bed capacity of 260 and a daily average of 298 in the Out-Patient Department, the Hospital in 1900 needed more room in every area. The Domestic Building provided a pharmacy for Joseph Godsoe, a store for Eric Frankson, dining rooms for doctors, nurses, and men and women employees, a diet kitchen, and a general kitchen, as well as rooms for domestic help. The nurses' dining room was moved from the third floor center of the Bulfinch portico, to make room for a Children's Ward (H). The new "OPD," the same one in use today, was opened in 1903 with great rejoicing. All these and other improvements resulted in more debts for the Hospital. The number of graduate nurses employed in 1902 was seventeen; there were seventy-one pupil nurses. For all the activities related to medical care, there were only eighteen house officers, and, of course, no residents. It was little wonder that the nurses' work load increased as the MGH became a more complex place trying to serve more patients and to educate more students.

CHAPTER 2

The Boston Training School for Nurses

THE idea of starting a training school for nurses associated with the MGH seems to have originated in the mind of Sarah Cabot, a Boston lady with family connections in the medical profession. Her brother, Dr. Samuel Cabot, was visiting surgeon on the MGH staff from 1853 to 1882; a great friend to any "woman's work," he lent his professional prestige to the New England Hospital for Women and Children, a young and struggling Boston institution run by women doctors, by serving on its board of trustees for many years. The New England Hospital had opened a training school for nurses in 1872, and Sarah Cabot was a member of a committee associated with it. Sometime that year, she was asked to present the subject of nursing to the Industrial Education Committee of the Woman's Education Association, an organization of ladies interested in opening ways to new careers for the many young women coming from the countryside to seek a means of livelihood in post-Civil War Boston.

In preparation for the meeting, Miss Cabot sought advice and information from several friends, including Cora L. Shaw (Mrs. G. Howland Shaw); Martin Brimmer, a Boston philanthropist and patron of the arts, and a former MGH Trustee; and Mary E. Parkman, widow of Dr. Samuel Parkman, who before his death in 1854 had held an appointment as visiting surgeon at the MGH. On a recent trip to England, Mrs. Parkman had met Florence Nightingale, the founder of the independent school of nursing in connection with St. Thomas' Hospital in London, and had sought advice about starting a similar school in Boston. Miss Cabot also wrote to a cousin associated with the newly established training school for nurses at the Bellevue Hospital in New York

City, and received a copy of the Nightingale school's book of regulations, which the Bellevue school was following.

Favorably impressed by Miss Cabot's report to its Industrial Committee, the Woman's Education Association asked a special committee to prepare plans for the organization of a training school. Those who agreed to serve, besides Miss Cabot, Mrs. Parkman, and Mrs. Shaw, were Miss Mary Anne Wales; James M. Codman, Boston businessman and civic leader; the reformer Frank Sanborn, a prominent member of the state board of charities; and Dr. Calvin Ellis, dean of the Harvard Medical School, where he was then engaged in a major reform of the system of instruction. Inviting others who were interested to join them, members of the group met frequently through the months from April to November 1873. Sarah Cabot described their work as "altering, cutting out and rearranging the Nightingale book to suit the American need." Their plan, she said, "followed the English, in which the training school for nurses is a separate establishment from the hospital, thereby keeping the management of the nurses in the hands of the board of trustees, and using the hospital only as a school of instruction."¹ The School was to be organized as a corporation, managed and directed by its own Board of Trustees. A home for nurses was an important part of the plan.

Most of the doctors at the MGH, including Dr. Benjamin S. Shaw, the Resident Physician, were not in favor of a school for nurses, nor were many of the Trustees. Any group less influential than the committee would have failed to gain consent, but when Miss Cabot and Mrs. Parkman met with representatives of the Trustees, they won reluctant permission to make the experiment. The Brick Building only was to be used; it was selected, the committee reported, because "it stands by itself, represents both medical and surgical departments, and offers the hard labor desirable for the training of nurses."²

By midsummer, enough money had been collected through private solicitation by committee members so that the plans could be carried forward. Having successfully initiated the project, the Woman's Education Association, as was its policy, ceased to be connected with it. The committee had agreed to start the School on November 1, 1873.

It proceeded to rent and furnish a house on McLean Street near the Hospital as a home for the nursing students, and to hire a Mrs. Billings, who had done hospital nursing during the Civil War, to take charge of the School. A circular presenting the main facts about the undertaking was sent to doctors throughout Massachusetts in order to enlist their support and to attract applicants. Two head nurses were engaged, four pupils were enrolled, and the School opened as planned, on November 1, 1873.

Having concluded its work, the committee voted to transfer control of the School and its property to a Board of Directors, and then declared itself dissolved. The Board was headed by Martin Brimmer. Other members included Miss Cabot; Mrs. Shaw; Mrs. Parkman; Miss Wales; Dr. LeBaron Russell, a former physician who had turned to educational and philanthropic interests; Dr. Charles P. Putnam, pediatrician and leader in Boston charities and welfare projects; and two promising young physicians of the MGH staff: Dr. Reginald H. Fitz, Hospital pathologist, and Dr. Oliver F. Wadsworth, ophthalmic surgeon. The Board selected the name "Boston Training School for Nurses" and drew up by-laws for its operation.

The early years were particularly difficult. Within three months after taking her post as Superintendent, Mrs. Billings resigned. In January 1874 she was replaced by Mary Phinney von Olnhausen, who also resigned, ten months later. Her successor was Miss Linda Richards, who became Superintendent in November 1874, and held the post for about three years.

To read the minutes of the Board's regular meetings through the years is to realize what heavy responsibilities membership entailed and to understand why the Board eventually gave up conducting the School. The members, particularly the women, contributed many hours to its management. They raised funds in diverse ways and found the need never-ending. Daily expenses and the necessity for costly repairs made the home for nurses a continuous burden. Relations with the Hospital were strained. Not until the end of 1875 could the Board of Directors look back on a successful year. Their labors were then rewarded by the following statement in the Hospital annual report: "The Training

School for Nurses has been continued with gratifying success under the superintendence of Miss Linda Richards, and an arrangement has been made to extend its usefulness, by gradually placing all the wards in the charge of the School, under the Regulations and the pleasure of the Trustees.”³ That year the School’s first class graduated: three trained nurses, two of whom continued in hospital work, while one went into private nursing in patients’ homes.

Acceptance was gratifying, but many problems remained. The provision of nursing care in eight wards was not the students’ only task; working twelve hours a day, they were mopping floors, carrying food trays and ice to the wards, and washing dishes. No wonder that lameness, fatigue, and sickness were growing problems. Miss Richards secured two scrubwomen, one to wash the bandages. She also obtained a watch and a thermometer for the students to use in taking pulse and temperature. (Later, during Maria Brown’s regime, three thermometers were provided for each ward!)

Doctors on the MGH staff, who had at first refused to teach the nursing students, now gave weekly lectures, and Dr. Norton Folsom, the new Resident Physician (Director) of the Hospital, was encouraging. In an effort to expand the instruction, still meager and limited to medical and surgical patients, some students were sent regularly to the Charitable Massachusetts Eye and Ear Infirmary, and some had two months of experience at the Boston Lying-In Hospital. Mrs. Parkman suggested training in the care of the insane at the McLean Hospital, but there was not enough money to pay for substitutes for students away on affiliations; then and for many years to come, the absence of students from the MGH meant more work for those left there.

The physical conditions under which both doctors and nurses worked in the 1870s would today be considered harsh. Laundry and heating facilities were primitive. For years the only lighting was that produced by gas. The decision to introduce electric lighting was not made until the end of December 1887, and the actual installation came later. The first telephone was apparently brought in about 1894.

In June 1876 the students moved into living quarters at the Hospital.

Miss Cabot was one of several on the Board who did not approve of the change. "Our belief," she wrote, "was that nurses who are living in a hospital could not be fitted for nursing in private families. . . . We foresaw that we should not have so much freedom to do as we thought best, either for the women who were in training, or for the public who were our subscribers, and we (the minority) unwillingly acceded to the wish of the managers of the Hospital."⁴ The expense of operating the home on McLean Street was the determining factor in the Board's decision. How different the School might have been if a separate home permitting a more gracious pattern of living, a basic tenet of Florence Nightingale followed elsewhere in the United States, could have been maintained. The Brick Building, no longer used for patients, was renovated at some cost to the Hospital to become the first nurses' home on the MGH grounds. Known as the Nurses' Building, it accommodated fifty-two, but the quarters were crowded, and there was no space for relaxation or recreation, not even a sitting room.

The members of the Board of Directors continued their efforts to improve the School. After Miss Richards left in the spring of 1877, Anna Wollhampton, an 1874 graduate of the training school at the New England Hospital for Women and Children, held the position of Superintendent of Nurses for a year. She was succeeded in February 1879 by Jane E. Sangster, a graduate of the Bellevue Hospital school in 1877. Before ill health forced Miss Sangster to resign in 1881, ward maids had been employed to clean corridors, and they also relieved the nurses of mopping and dishwashing in some of the wards. A night superintendent had been recommended in 1877, but the Hospital Director did not see the necessity for one, and none was hired until 1879. The Superintendent of Nurses continued to teach the students from the best available manuals and to examine them on the lessons. Some doctors lectured once a week during the school year.

In 1881 the appointment of Anna C. Maxwell, a graduate of the Boston City Hospital Training School in 1880, provided the leadership needed to deal with the problems of the School that were becoming acute. Then thirty years of age, Miss Maxwell had dignity, unusual

charm, and enthusiasm for the work of improving the education of nurses and the conditions in which learning took place. The School had already achieved a reputation for graduating well-trained nurses, and also one for excessively hard work, and the number of desirable applicants had diminished. Miss Maxwell assessed the needs and reported them to the Directors.

The health of the students was of immediate concern. Additional maids were now hired to relieve them of fatiguing, uneducational chores, and an annual vacation of three weeks was provided. In 1883 the Hospital built the first nurses' home, the Trustees having "for a long time felt that the accommodations provided for the nurses were altogether insufficient, and not at all suitable for the class of women who are now taking up the profession." The three-story structure was named for Nathaniel Thayer, vice-president of the MGH Corporation from 1869 to 1883 and a generous donor to the Hospital. (Not until 1966 did the Trustees use the name of a nurse to designate a building used by the School.) The original intent of the Trustees had been to provide a single room for each student, but several double rooms were included. On the first floor was an apartment for the Superintendent of Nurses, later to be occupied by Annabella McCrae and her successors. At the opposite end of the corridor was a large sitting room with ample bookshelves. It was Dr. William L. Richardson, visiting physician at the MGH and long an active member of the School's Board, who proposed a library, and a gift from Mrs. Nathaniel Thayer in 1883 established the Thayer Library, which provided 726 volumes, as well as subscriptions to such magazines as *Harper's*, the *Century*, *Popular Science Monthly*, and *Littell's Living Age*. The inventory showed no books dealing with Nursing, the sciences, or clinical subjects, although some reference books were apparently kept in a separate place. The more studious pupils sometimes bought their own copies of Gray's *Anatomy* and Osler's *Practice of Medicine*. A fourth story was added to "the Thayer" in 1887, and in 1900 a wing extending along Charles Street provided the "alleys." By this time the building had an elevator, fire escapes, a gymnasium in the basement, an area on the roof for sunning. (The gymnasium was converted in 1912 to the

Thayer classroom of poignant memory. In 1923 students welcomed the luxury of a radiator in each room and additional bathrooms. The Thayer survived until 1971; when it was torn down it was the second oldest building at the MGH.)

In 1885 the Hospital in its annual report for the first time put the name of the Superintendent of Nurses on the list of MGH officers. Miss Maxwell had improved the quality of the teaching, introducing anatomical charts, lessons in massage, and a revised course in cooking. With permission from the Directors, she devised for the graduates a "badge" bearing the Hospital seal—the School pin still awarded at graduation—and instituted a uniform dress of blue-and-white checked gingham with bibbed apron tied at the waist. Since the blue faded during laundering, a black-and-white check was soon adopted and is still in use today. By March 1889, there were fifty-six students and a staff which consisted of the Superintendent of Nurses, a night superintendent, and thirteen head nurses. The MGH Trustees had noted at the School's tenth anniversary their "high appreciation" of the School's services to the Hospital, and acknowledged that "the character of the nursing" had "materially improved."⁶ The Registrar of the Boston Training School was able to report in 1888 that "it is a pleasure to find how many graduates have found responsible positions as superintendents of hospitals and of training schools and as head nurses, not only in this State but in many parts of the Union."⁷

Miss Maxwell's resignation in 1889 was received with great regret by the Directors, and in her final report she expressed her full appreciation for the kindness and cooperation of the Board. At her new post in the Presbyterian Hospital in New York City, Miss Maxwell maintained her interest in the Boston Training School and cordial relationships with its graduates, who in 1895 made her an honorary member of their alumnae association.

She was succeeded by Maria B. Brown (BTSN 1883), the first of the School's graduates to become Superintendent of Nurses, who in general continued the system developed by Miss Maxwell. The School's first historian, Sara E. Parsons (BTSN 1893), remembered Miss Brown

as cold and formal in manner, especially to the students. Miss Parsons marveled, however, "at the executive ability of a woman who carried on so large a School for so many years without an assistant. Her records were scrupulously kept, and every pupil felt that Miss Brown knew everything about her. The spirit of thoroughness concerning every detail of the work and consideration for the patient were indelibly impressed by Miss Brown upon each one."⁸

Miss Brown's years in charge, from 1889 to 1899, were a difficult transitional period. The original members of the School's Board of Directors had passed from the scene. Until her death in 1879, Mrs. Parkman's courage and judgment had sustained both the Board and the School.⁹ Six of the other original members had served ten years or longer. The women on the Board had been particularly active. They had undertaken to know each student personally, had visited wards, attended lectures (until 1888 even correcting the students' lecture notes), solicited funds to maintain the School, furnished the salaries of the superintendents and night superintendent, paid scrubwomen until 1887, and supplemented the salaries of the head nurses, who instructed the students on the wards. While conducting the School, they had also been engaged in interpreting to the public what was reasonable to expect from its graduates. The spirit of their successors grew increasingly conservative, perhaps weighed down by the responsibility for ever-increasing expenses with never-sufficient funds.¹⁰

In 1895 the Trustees of the MGH, convinced that the Hospital would benefit from a closer relation with the School, opened negotiations to transfer the Training School to the Hospital. The Board of Managers, with a combined reluctance and relief that we can only imagine, accepted the proposal. After nearly a quarter of a century of independent existence, on January 1, 1896, the School came under the management and control of the Hospital. Miss Brown was retained as Superintendent of Nurses, but she must often have regretted the loss of the strong support and interest formerly given the School by its advisory committee.

No separate report on the School was published during the three years that followed the transfer, but in their report of 1897 the MGH

Trustees acknowledged that they had been “more than ever impressed with how much the School owes to the wisdom and devotion of those under whom it was founded and developed.”¹¹

During the Board’s administration, from 1873 to 1896, 431 nurses had been graduated, among them some who became eminent pioneers in Nursing.

CHAPTER 3

Developments in American Nursing, 1893-1910

AS the Massachusetts General Hospital grew and innovations in medical care came more rapidly, the problems associated with providing nursing care entirely with student nurses became ever more pressing. Defects in the system became apparent to members of the Training School Board as they served on various committees, conferred with the Superintendent of Nurses, or listened to the criticisms of friends. On the national scene, awareness of changes needed in schools of nursing had developed before the earliest schools were twenty years old. Inadequacies were not recognized universally, but some superintendents of nurses, students and graduate nurses, citizens who employed private duty nurses, patients, and certain doctors did realize the need for improvement.

In the 1890s these concerns deepened. That decade saw a rapid expansion of medical care in the United States, a response both to population growth and to advances in medical science. Hospitals proliferated throughout the country, and nursing schools were developed in them whether the situation was suitable or not. The number of schools increased from 35 in 1890 to 432 in 1900 and to 1,129 in 1910. Between 1900 and 1910, the number of nurses graduated rose from 3,456 to 8,140.¹ Student nurses were quite generally exploited. In many hospitals it was assumed that the school should not only provide the nursing service and pay its own way, but it should also be an economic asset as well; in some instances students were sent out on private cases, the fees received going to the hospital. Conditions at the MGH were far better than in some other hospitals but still left much to be desired. No professional association of nurses existed to formulate and publicize standards for this new branch of education. American Nursing was an un-

organized group of schools, and their graduates were virtually isolated from the mainstream of education in the United States.

It was the Chicago World's Fair of 1893 that opened the way for an approach to reform. That summer an International Congress of Charities, Correction, and Philanthropy was held at the fair, and among those attending were forty superintendents of nurses representing schools in the United States and Canada. One of the significant papers delivered before the Congress dealt with "Educational Standards of Nurses"; the speaker was Isabel Hampton, superintendent of nurses at the Johns Hopkins Hospital. Before they left the fair the nurse administrators, responding to a felt need for mutual aid and concerted effort, had formed the American Society of Superintendents of Training Schools for Nurses. (This organization in 1912 was to become the National League of Nursing Education.)

The Society's founders appointed a committee to outline its goals and to specify the qualifications of members, the duties of officers, and the like. Isabel Hampton served as chairman, and two graduates of the Boston Training School were among its seven members: Mary E. P. Davis and Sophia F. Palmer, both of the class of 1878. The first convention met in New York in 1894, with forty-seven members present. Their conviction of the need for a uniform pattern and standard of training was reflected in the topic of the first paper presented, "What is a Trained Nurse?" Although the programs of the older and larger schools were considered to be in some ways worthy of emulation, their superintendents realized that Nursing could never take its stand among the professions until well-planned courses and judicious practical experiences had become the general rule. By 1895 the Society had begun to work for a three-year curriculum and an eight-hour day.

In the mid-nineties these were ambitious, even utopian goals. The Farrand School in Detroit had adopted an eight-hour day in 1891, but the common practice was ten hours' day duty and twelve hours on night duty. (Twenty years later, fewer than 10 per cent of the nursing schools had achieved an eight-hour day.) The two-year nursing course was standard; only the University Hospital school in Philadelphia (1894) and the Johns Hopkins Hospital school (1895) had started three-

year courses. Most schools offered only a few hours of classroom instruction, and the placement of these in the course varied widely from school to school.

Superintendents of nurses were generally eager to implement as many of the Society's recommendations as possible, both to improve the course of study and to attract more and better applicants. The enormous increase in hospitals and schools of nursing had created a need for good applicants far in excess of the supply. At the same time, there was a dearth of adequately prepared graduate nurses to take charge of them. New students were assigned immediately to the care of patients, without any prior period of instruction. Every attempted improvement, whether the employment of one full-time instructor or a reduction in the working hours of students, meant increased costs. The superintendent of nurses needed courage, fortitude, imagination, and the strategies of expert salesmanship to achieve each fraction of progress. Real talent was required to serve two masters, the hospital and the school, when she was devoted to providing the best for both and the demands of one conflicted with those of the other. Generally speaking, neither understanding nor support were hers from trustees, hospital officials, and members of the medical profession. The supportive members of these groups were therefore the more valued.

Even though the care of patients had become more complicated as research advanced, many doctors still did not favor broader education for nurses, nor did they appreciate the problems in a service-oriented situation. At the same time they were not altogether satisfied with either the nursing students or the graduate nurses. Nurses, on the other hand, not being generally oriented to the purposes of educational institutions, did not realize what might constitute a more appropriate education. Some were inclined to be satisfied and complacent. Students who might have raised questions may have been discouraged from doing so by the prevailing attitudes around them. The public was not informed or much involved. Especially in the early years, it was left to relatively few nurses to identify the needs, to propose the solutions, to take action, to fight discouragement, and to deal with criticism, interference, and resistance while enlisting support wherever it could be found.

From the beginning a central problem in Nursing had been personnel for instruction. Few were the schools that had other than the superintendent of nurses to conduct the business of the school and to supervise the care of patients. Head nurses, not always graduates, were in charge of the wards and participated in the teaching of the students. Full-time, or even part-time, salaried instructors were rare; in fact, as late as 1912 one hundred schools reported that they had no paid instructors. Moreover, there was no educational program for the preparation of either superintendents or other nurses teaching in schools of nursing.

In 1898 a committee of the Society of Superintendents² chaired by Isabel Hampton (now Mrs. Hunter Robb) considered solutions to this problem. Mrs. Robb and M. Adelaide Nutting, her successor at the Johns Hopkins Hospital, consulted Dean James E. Russell of Teachers College, Columbia University. The insight into their problems shown by these women and their determination to solve them aroused Dean Russell's interest. Within a year a plan for a special course was completely outlined, and beginning in 1899 Teachers College offered a one-year program in hospital economics. The Society's committee undertook the difficult task of finding financial support for the course, and individual members contributed their time to the teaching. Despite its slow development in the early years, the program was continued, and in 1906 Miss Nutting left the Hopkins to accept an appointment at Teachers College as professor of institutional management, to be in charge of a department of household administration which included a division of hospital economics. She thus became the first nurse to be appointed to a university professorship. A woman of exceptional ability, Miss Nutting was able to expand and improve the nursing program. In 1910, through Lillian Wald (the nurse who had founded the Henry Street Settlement), Mrs. Helen Hartley Jenkins, a wealthy trustee of Teachers College, became interested in Miss Nutting's work and provided the endowment that established a department of nursing and health and ensured its continuation.

The leaders in Nursing had other concerns. As early as 1894 they had realized the need for a second national group, one to which all nurses might belong. Some plan was necessary to reduce the flow of unquali-

fied workers into Nursing as well as to raise the standards of the poorest schools, and an association of alumnae of accepted schools was under consideration. In 1896 some 225 training schools were believed to be in existence, but only forty had organized alumnae associations.

At the MGH, Sophia F. Palmer and Mary E. P. Davis, both active in the Superintendents' Society, took the initiative and invited their fellow-graduates of the Boston Training School to meet with them in Boston on February 14, 1895, to form an alumnae association. Eighty-one attended, electing as their first president Maria B. Brown (BTSN 1883), then Superintendent of the Boston Training School. Alice O. Tippet (BTSN 1889), was chosen vice-president; Florence F. Rice (BTSN 1882), secretary; and Mrs. Dita H. Kinney (BTSN 1892), treasurer. These four constituted the Association's first executive committee and, with five other members named for the purpose, they drafted a constitution. Subcommittees were appointed on ethics, on program, and on choosing a suitable alumnae badge. For many years this badge was worn in addition to the School pin. In the School's historical collection is the one which belonged to Esther Dart (BTSN 1891), one of the presidents of the Association. A gold laurel wreath supports a white Greek cross on which the letters "MGH" occupy three spaces and a raised arm with sword in hand the fourth. In the central portion of the cross is the Hospital seal in gold.

The constitution provided for an annual meeting in October, and three other meetings (later eight) were planned for each year. These occasions included not only the business of the Association but papers read by alumnae and guests. In 1896 Elizabeth Scovil (BTSN 1880), known for her articles about Nursing in the popular magazines of the day, described the work of Clara Barton and the Red Cross Society. Lavinia L. Dock, one of the pioneer public health nurses, spoke in 1898 about the newly founded Henry Street Settlement. Miss Dock was to become a national leader of the profession. Other papers or discussions dealt with district nursing, state registration, the need for postgraduate work, and the improvement of training schools.

In 1899 there was considerable discussion of sick and death benefits through which the Association might aid its members: life insurance, a

sick relief fund, and an endowed bed at the MGH. (Later \$5,000 was raised, and for many years the Trustees provided the graduates with Hospital accommodations.)

In 1900, three Superintendents of Nurses who had not been MGH graduates, Linda Richards, Jane Sangster, and Anna C. Maxwell, were made honorary members of the Alumnae Association. That year an early fund-raising venture had collected \$128 toward the purchase of a piano when a benefactor gave a piano to the School. In 1900 also, Dr. Herbert Howard, Director of the Hospital, and Miss Pauline L. DOLLIVER, Superintendent of Nurses, invited the alumnae to hold their meetings at the Thayer, and this they were happy to do on some occasions. Alumnae who were superintendents of nearby hospitals or schools of nursing also welcomed the opportunity to entertain the group. When the Association in 1904 began the custom of "tendering a dinner to the graduating class," this party was held at one of the Boston hotels.

In 1906, when the Association entered its second decade, it was decided that a history of its activities should be prepared; it was published in pamphlet form the next year. There were now 600 BTSN and MGHTSN graduates, who had made the name of the School known from Alaska to the tropics, in Europe and in Africa. Roughly half of them were enrolled in the Association, making efforts to do "all in their power for the welfare and advancement of their Alma Mater."³ This proportion of actual to potential members had become established early in the life of the Association, and the pattern has seemed to persist.

In the autumn of 1896, delegates from ten alumnae associations, including that of the MGH School,⁴ met to organize a national association, and the Nurses' Associated Alumnae of the United States and Canada began its work the next year. (This organization in 1911 became the American Nurses Association.) It soon became evident that to bring about the desired improvements in the schools by voluntary action was impossible. Since regulating the practice of professional and other workers was already a function of each state, nursing leaders now turned to the formation of state nurses associations. By 1912, thirty-

eight such associations had been organized and the legislatures of thirty-three of these states had enacted nurse practice acts, however inadequate some of this early legislation proved to be.

The Registration Act of New York became law in 1903, just weeks after those in North Carolina and New Jersey. Two years later Sophia R. Palmer, now editor of the *American Journal of Nursing* and chairman of the Board of Nurse Examiners set up in New York by the Act of 1903, reported to a joint meeting of the two national nursing organizations on "The Effect of State Registration upon Training Schools." The New York State Department of Education had for many years operated a system of accrediting educational institutions outside the state if they met New York standards. The Department now decided to include nursing schools, since graduate nurses from other states wished to practice in New York. In order for a nurse to be registered there, she must be a graduate of a school that met New York standards. These were not inordinately high, and Miss Palmer reported that they had been an effective means for persuading training school committees and trustees to upgrade their schools. In 1906, in order to determine how well the standards were being met, New York State appointed an inspector of nursing schools, the first such position in the United States. Schools in other states which wished to be accredited in New York were now visited by the inspector, Anna Alline, one of the two first students to take the hospital economics program at Teachers College.⁵ At the time of Miss Palmer's report, 139 schools had met New York standards; these included the MGH Training School and nine others in Massachusetts.

In organizing a state nurses association in Massachusetts, the Boston City Hospital Alumnae Association led the way. In January 1903, a committee was formed to plan a mass meeting in Boston of graduates and student nurses as well as others who might be interested; representing the MGH Alumnae Association were Mary A. MacKenzie (MGH 1901) and Jane F. Riley (BTSN 1888). The meeting took place at Faneuil Hall on February 26. The formation of a state organization was approved, and officers and an executive committee were elected to begin the work required for incorporation. Mary M. Riddle of the Boston City Hospital Alumnae Association was named president, and

the MGH alumnae Pauline L. Dolliver and Sara E. Parsons were chosen vice-president and secretary. (The Massachusetts State Nurses Association was incorporated in 1905.) Efforts to secure the registration of the nurses through legislation were supported by others at the meeting, who included a representative of the mayor of Boston; Dr. Richard C. Cabot, Out-Patient Department Physician at the MGH; the vice-president of the American Red Cross; and other notables. A bill was framed that was designed to protect the public, doctors, and nurses from fraudulent practitioners of nursing.

As early as June 1903, acting on a motion by Miss Parsons, the Council of the MSNA appointed a census committee charged with preparing a survey⁵ of training schools in the state. Annabella McCrae (BTSN 1895), the first assistant superintendent of nurses at the MGH, was chairman. By June 1904, reports had been received from 104 of the 133 schools to which a questionnaire had been sent; the MGH School was approved the following January. The Census Committee then acted as a credentials committee for graduate nurses applying for membership in the State Nurses Association. Many applicants were rejected. In this way an effort was made to improve the facilities of the schools and the education of the students. Until state registration went into effect, "membership in the MSNA was the only criterion of an accredited graduate nurse" in Massachusetts.⁶

Seven different bills failed to pass before the Massachusetts Legislature finally enacted a Nurse Practice Act, including authorization for a State Board of Registration in Nursing, in 1910. It took even longer (1919) to secure amendments that gave the State Board authority to supervise training schools and to establish essential minimum standards. Meanwhile, the standards set by New York served those Massachusetts schools which attained approval in that state.

Further impetus to the raising of standards came from the introduction of public health nursing. Soon after the first schools of nursing were founded in the United States, this new branch of nursing had developed outside the hospitals in response to the needs of the poor, in their homes. The leaders among the nurses associated with this field became a force

in providing a broader foundation for nursing practice than was offered by the schools. These nurses realized that it was necessary to understand the way of life of the families they served, to learn how to teach people to maintain health, and to become acquainted with the community and the work of its agencies.

One of the earliest efforts to provide care for the sick poor in their own homes started in 1877, when the New York City Mission employed a nurse who was a graduate of the Bellevue Hospital Training School, the undertaking being financed by Mrs. William H. Osborn, the philanthropic chairman of the Bellevue Training School Committee. For a time an effort was made at Bellevue to offer some special training in home nursing of the poor, but the attempt had to be discontinued because of the expense. As the fourth annual report of the Bellevue school stated, "the fact that the school depends for its support upon the rich deprives us of the privilege of sending nurses to the poor."⁷ However, by 1885 the first district nursing association in the United States had been established in Buffalo, the Boston and Philadelphia associations followed in 1886, and the Henry Street Visiting Nurse Service in New York began its work in 1893. The name of the Boston agency, the Instructive District Nurse Association, emphasized its teaching role.

In 1900 only 200 nurses were thought to be employed in the field of public health, but by 1912 the figure was put at 3,000. Los Angeles was the first city to have a nurse on the municipal payroll (1897). About the same time, nursing in the public schools was started in New York City. Industrial nursing began in Vermont in 1895 in a marble company, and the Metropolitan Life Insurance Company organized its nursing service for policy holders in 1909. Meanwhile, some voluntary associations, such as the National Tuberculosis Association (1904) and the National Committee for Mental Hygiene (1909), were making their contributions towards emphasizing the importance of preventive medicine and health preservation.

Many doctors, nurses, and nursing schools were slow to accept the idea of health nursing. Most of them, as Isabel Stewart comments, considered "the prevention of disease, the teaching of hygiene, the up-building of family and community health . . . vague and visionary

ideals, less dramatic and also less practical than the rescue of desperately sick and injured patients and the relief of their sufferings.”⁸ Still, the new field slowly gained recognition. After noting its development in a number of articles, in 1908 the *American Journal of Nursing* provided space for a “Visiting Nurse Department.” In 1912 a joint committee of the American Nurses Association and the National League of Nursing Education, with Lillian Wald as chairman and Mary S. Gardner as secretary, reported on the growing opportunities in public health nursing, a phrase coined by Miss Wald. The response was enthusiastic, and at the June 1912 convention of the two organizations the National Organization for Public Health Nursing was formed, a third great force for improving Nursing and nursing education.

An urgent question was, “How shall nurses be prepared for public health nursing?” Since the training schools conducted by hospitals to serve their own needs were not the answer, another approach to nursing education had to be developed.

Social problems and needs called for solutions both in the community and in the hospitals. Prepared workers were needed on both fronts. It was at the New York School of Philanthropy (later the New York School of Social Work) that the first full one-year course in social service was given in 1904. In Boston at the MGH, Dr. Richard C. Cabot, Out-Patient Physician, had become aware of the futility of sending patients back to the same conditions from which they had come for treatment. The practice of medicine was changing as the causes of disease became known. Re-education in the manner of living, the provision of work, rest, adequate diet, or relief of other kinds, took on paramount importance. In 1905 Dr. Cabot, with the backing and co-operation of friends, employed two full-time workers at the MGH, and together with volunteers they began in the Out-Patient Department the work that grew into the Social Service Department. Dr. Cabot asked Miss Garnet I. Pelton (MGH 1903), who had initiated a system of district nursing at Denison House in Boston, to participate in the experiment. “She was a genius,” Dr. Cabot wrote of Miss Pelton after poor health obliged her to leave. “Her work was full of originality and insight, as well as devotion.”⁹ Another pioneer was Alice O. Tippet

(BTSN 1889), who was employed in 1908 as "Executive Assistant" to Dr. Herbert B. Howard, the Resident Physician (Director). Her functions were to work in the wards to discover which patients needed the visits and help of the Ladies Visiting Committee, and to arrange for the careful discharge of patients or their transfer to other facilities. In 1914 the Resident Physician called attention to the fact that "the House [in-patient] Social Service work has been placed upon a better relationship with the out-patient work during the year."¹⁰ In the same year the MGH Trustees created the position of Chief of Social Service in the House and the Out-Patient Departments: Ida M. Cannon, also a nurse, who had been the head worker in the Out-Patient Department, was appointed to that post, which she held until 1945.

The education of medical social service workers had already come under consideration. As early as 1909 the principle was accepted that hospital social workers, rather than obtaining their training as a by-product of service, as was the case in Nursing, would secure it only through a school of social work. Writing of this period in her *American Nursing*, Mary M. Roberts, for many years editor of the *American Journal of Nursing*, stated that "no other profession had been developed on the assumption that an education can be secured in exchange for service." The underlying and persisting problem in schools of nursing, she continued, stemmed from "the fact that there was no generally accepted standard of administrative practice and fiscal policies for the hospitals which operated them." Though it was true "that the voluntary hospitals, which were the standard-bearers in their field, were burdened with the tradition of gratuitous service to the sick poor," the fact remained that nurses were "attempting to establish a system of education and service on a financially unstable foundation."¹¹

At the close of the nineteenth century, the dilemmas which confronted the nurses responsible for the education of students included a work situation in which the students were largely unprepared for their responsibilities; the absence of any agreement as to what constituted a proper curriculum; the lack of even one full-time instructor; the employment of increasingly young and inexperienced head nurses; a dearth

of scientific foundation for practice in what was called a profession; and a narrow, hospital-oriented view of what constituted Nursing.

Fortunately there were some able leaders. Perhaps prepared for teaching or equipped with other experience before entering Nursing, these women possessed not only the imagination to perceive the kind of education necessary to develop nurses both personally and vocationally but also the energy to bring about change. To realize their ideals, they worked through their national and local organizations as well as in their individual positions. The reports of the annual meetings of the Society of Superintendents of Training Schools for Nurses provide rich source materials for the study of developments in Nursing. Graduates of the MGH Training School were active members and often officers, from the earliest years, as they would continue to be through the decades to follow.

CHAPTER 4

The Dolliver Years, 1899-1909

AS American nurses struggled to improve their profession, a new Superintendent of Nurses took charge at the Massachusetts General Hospital Training School. After Miss Brown resigned in January 1899, to devote the rest of her life to social service, she was succeeded by Pauline L. Dolliver, a graduate (1889) of the Boston Training School. Miss Dolliver came back from the Presbyterian Hospital school in New York City, where as assistant to Anna Maxwell she had become aware of the changes and the higher goals that were being accepted increasingly by the forward-looking schools.

The Trustees of the MGH at their meeting of February 14, 1896, about six weeks after they had assumed control of the Boston Training School, had appointed a standing committee on the Training School for Nurses. Its members were Samuel Eliot, chairman of the Board of Trustees, and two doctors, William S. Bigelow and Henry P. Walcott. The minutes of the Trustees show that their concern at that time was primarily with financial aspects of the School. With Miss Dolliver's arrival, in 1899, they took steps to strengthen the School's administrative structure and its relationship to the Hospital. Named as officers of the School were the President of the MGH Corporation, the chairman of the Hospital's Board of Trustees, the three members of the Trustees' committee on the Training School, and the Superintendent of Nurses.

In November, the Trustees' committee was asked to appoint "a convenient number of ladies and gentlemen to serve as an Advisory Committee to the chairman of the Trustees."¹ This new body was divided into subcommittees on instruction; on health, exercise, and amusement; on special training; and on discipline, probation, and graduates,

together with a Ladies' Friendly Committee composed of seven members. The most active and beneficial of these subcommittees was the Ladies' Friendly Committee. This included several women who had been associated with the Boston Training School, and some of the functions of the old board were soon resumed. Advice and support were offered to the Superintendent of Nurses; personal interest was taken in the pupils' welfare. Informally, through many social contacts, the ladies interpreted the School to the Trustees, to others in the Hospital community, and to the public.

Miss Dolliver's relationship with the officers of the Hospital and members of the Advisory Committee developed into one of strength and benefit to the School. Among the women of the Ladies' Friendly Committee were two in particular who contributed to the School's well-being for many years—Pauline Revere Thayer and Ellen Parkman (Mrs. William W.) Vaughan. Mrs. Thayer's husband, Nathaniel, was a Trustee of the Hospital, and son of the Trustee for whom Thayer House was named. Mrs. Thayer herself had served as a member of the Board of Directors of the Boston Training School (1893-1896), and when the Ladies' Friendly Committee was formed in 1899 she was happy to serve again. She contributed time, counsel, and funds to many social, political, and philanthropic organizations, but it was probably to the MGH that she gave most, not only as a Trustee but also as an advisor to both the Social Service Department and the School of Nursing.

Mrs. Vaughan, daughter of Mrs. Samuel Parkman (one of the Training School's founders and pioneering supporters), had also served on the Board of Directors of the School (1883-1896), and willingly became a member of the newly formed committee. A lifelong friend of Mrs. Thayer, Mrs. Vaughan was notable for her faithful attendance at committee meetings, for which she kept the minutes and prepared reports of various special activities. Her long experience and sound reasoning ability were of great value to the School. Since she enjoyed the respect of varied groups, outside the MGH as well as within it, she was able to interpret both Hospital and School to those who were puzzled by some of their policies. A woman of great dignity and reserve, Mrs. Vaughan presented a formidable appearance, but she was a warm-

hearted, loyal friend to the causes she believed in and the people associated with them.

A third staunch friend on the committee was Mrs. Alexander White-side, who brought great understanding to the problems of the young students.

With these and other helpful members, Miss Dolliver discussed the concerns and needs of the School and the problems of providing patient care by students. Committee members visited the Hospital regularly and became well informed about the School's program. Mindful of the pupils' recreational needs, they personally provided teas, dances, Christmas candy, tickets for entertainments, and trips to their homes in the country. They also conveyed suggestions for change and improvement to the Hospital authorities and raised money for the Training School Fund. Probably most important of all was their support of Miss Dolliver and the helpful points of view that they brought to the discussions.

The School's most conspicuous needs at this time were sound financing, improvements in the course of study, and more nurses and employees to lighten the work of the students as well as to reduce their hours of duty. The length of the training in 1899 was still only two years, though by this time a two months' period of probation had been added at the beginning of the course. Once accepted into the School, students received six dollars each month for personal expenses. The Advisory Committee recommended more time for meals, exercise, recreation, and study, after they estimated that if each student were to get $7\frac{1}{2}$ hours of sleep, she would have no more than $3\frac{1}{2}$ hours off duty out of the 24. Working hours for a month of night duty in 1899 were from 8 P.M. to 7 A.M. Day nurses worked from 6:45 A.M. to 8 P.M., with twenty to thirty minutes off for meals and 1 hour daily off duty; they also had a half-day off weekly in addition to 4 hours off on Sunday. Despite all Miss Dolliver's efforts, the hours of day duty on the open wards were reduced in October 1900 by just 1 hour. Increasing the number of students would have made it possible to shorten their working hours, and the School had plenty of applicants: 935 in 1898. Because of the lack of housing, however, only a small number of these could be admitted (66 that year). Only 36 of those admitted were graduated.

Other changes were in the making. In 1899, shortly after Miss Dolliver took charge of the School, an assistant superintendent was appointed for the first time: Annabella McCrae, a Boston Training School graduate of 1895. A second assistant, Frances A. Chandler of the class of 1902, was employed from 1902 to 1908.² Her chief duty was the instruction of the probationers, who were taught the fundamentals of nursing and ward duty during their first month of probation, before being assigned to the wards.

In January 1900, the Hospital Trustees voted to request the School's Advisory Committee "to formulate a scheme of studies and training for nurses, both within and without the Hospital and with outside institutions, intended to occupy three years."³ Dr. Herbert B. Howard, the Resident Physician (Director), was authorized to make the necessary arrangements. The expanded, three-year course went into effect the next year, but the affiliations came more slowly. An exchange of students between the MGH and Children's Hospital was started in 1901. When the MGH two years later opened a ward for children in the Bulfinch Building, the MGH students ceased to affiliate at Children's Hospital, though students continued coming from Children's to the MGH until 1922.

Another deficiency in clinical experience was remedied after inquiries by Mrs. Thayer made it possible for some MGH students to receive three months of obstetrical training in New York City, at either the Sloane Maternity Hospital or the New York Lying-In Hospital. Two other opportunities for broadening the student's education were made available in 1904: a term of three months at the Corey Hill Hospital in Brookline gave experience in the care of private patients, and the Instructive District Nursing Association of Boston offered a one month's course first to one student and later to two at a time.

With the extension of the training period came other changes in the course of study. Instruction in the sciences was no longer solely by lectures. The doctors who taught medical nursing and surgical nursing conducted bedside clinics for the study of medical and surgical conditions, for groups of about ten students at a time. The doctors were paid an additional three dollars an hour for this teaching, which included

exercises in careful observation of the patient and a review of his nursing needs. Also incorporated in these courses were lectures and demonstrations in anatomy and physiology.

Another plan of Miss Dolliver was realized when a postgraduate course of two months was offered to MGHTSN graduates, who were free to choose the combination of medical and surgical work they wished. No classes were planned, and all the work appears to have been in the wards rather than in the rapidly expanding clinics of the Out-Patient Department. Those enrolled in this course were not paid, nor were fees charged.

A new policy or a new building, at the MGH, sometimes brought about other changes. Graduate nurses were put in charge of the surgical amphitheater, the Out-Patient Department, and even of some of the OPD clinics, where they provided valuable instruction and direction for the students, who had previously been left completely to their own devices. After 1903 students had "the privilege of training as assistants at operations, in the sterilizing room, and in giving ether."⁴ The administration of hypodermic medications had been entrusted to the head nurses before 1902. On the advice of Miss Dolliver, the Advisory Committee recommended that all pupils be taught to give such medications. Thus began the introduction of more and more technical procedures, a development that added greatly to the student's qualifications and also involved her in providing a greater amount of service to the Hospital.

During one of her conferences with the head nurses, it was suggested to Miss Dolliver that a public graduation would be welcomed, and the first exercises were held in the operating theater of the new Surgical Building in February 1903. Dr. Henry P. Walcott, now chairman of the MGH Board of Trustees, presided and presented the diplomas; the Rt. Rev. William Lawrence, Bishop of the Episcopal Diocese of Massachusetts, gave the address. Miss Dolliver presented the report of the School for the preceding year, the first official report in the School's history. The Doctor's Choir under the direction of Dr. Richard C. Cabot provided music, and refreshments were served at the social gathering that followed. The list of graduation speakers from 1903 to the present in-

cludes many eminent men and women. Graduations soon became a popular time for alumnae to return to the School.

This period also saw the first attempt in the School's history to provide its students with some education at the college level. This came about as a direct result of efforts made by the Advisory Committee, whose subcommittee on discipline, probation, and graduates had reported in 1899: "To us it has seemed that the subject of graduates is of immediate interest. It would be well for us, for them, and for the community to arouse and stimulate their interest and loyalty towards the School and Hospital, by aiding them educationally."⁵

The first of these efforts took form as an association with Simmons College in Boston, a relationship that continued intermittently, with many modifications, for more than half a century. Opened in 1902, the college had been designed to offer an education in "branches of art, science and industry best calculated" to prepare women "to acquire an independent livelihood."⁶ Among the early plans that the Simmons trustees considered was one for a nursing school to be established jointly with the Harvard Medical School, a project that did not materialize. In 1904, Simmons opened a preparatory course for pupils of the MGH and Children's Hospital schools, including household arts, chemistry, bacteriology, anatomy, and physiology. In Miss Dolliver's view, this opportunity was "the greatest advance step for the School." Since it provided "a better education than we have heretofore been able to offer,"⁷ it was decided that the students should pay the fifty-dollar tuition fee for the instruction at Simmons. The Hospital continued to supply room, board, and laundry, to which was now added, during the preparatory semester, daily transportation to and from Simmons and lunch at the college. A small number of scholarships were provided, and the six-dollar monthly allowance was discontinued.

Eight MGH students entered the four-months' preparatory course at Simmons in September 1904. At no time did all the students in a class take the course. In the fall of 1906, seven are reported to have been studying there; in the spring of 1907, there were six more. Those who

attended were selected by the MGH School on the basis of their record in the first months in the School. In 1908 Miss Dolliver reported, "The Simmons College pupils are the best class ever sent. Miss Sally Johnson attained the highest mark given by the College."⁸

However, this promising plan was now running into difficulty. The loss of the allowance from the Hospital and the introduction of the fee required for attending Simmons had reduced the number of applicants to the MGH School. Not all who wished to enter Nursing wanted the education at Simmons, Miss Dolliver noted in 1909. For a time, in order to keep the arrangement going, the Hospital assumed the tuition fee, but by September 1910 the views of a new Superintendent, Sara E. Parsons (seconded by Miss McCrae), prevailed, and the plan ended for MGH students. The reasons, as recorded in the minutes of the Ladies' Advisory Committee, were the cost to the Hospital, the fact that the plan "took the most promising nurses away from the Hospital for four months," the view that the half of the class which went to Simmons did "no better than the other nurses,"⁹ and, lastly, the considerable improvement in instruction at the Hospital. (Other plans would later be devised with Simmons College, but the first of these would not take form until 1918.)

Finances continued to be a problem during Miss Dolliver's administration. In 1904-1905 the Advisory Committee realized that the \$18,386 inherited from the Boston Training School Fund was far from enough to pay for the changes they wished to see made in the School. They undertook a campaign to raise \$50,000, of which only \$12,500 was realized. To this amount the Hospital Trustees added \$10,000 from a recently received bequest.

As early as 1874 it had been recognized that affiliations with the McLean Hospital and the Massachusetts Eye and Ear Infirmary would be valuable additions to the training offered by the School, and the Committee on Education made this recommendation again in 1904. The plan, however, could not be implemented because the workload at the MGH was too heavy to permit even the temporary absence of a few student nurses. (McLean nursing students began coming to the MGH

for an eight-month affiliation in 1907, but a crossflow of students did not start until 1913, and the affiliation with the Eye and Ear Infirmary was not established until 1915.) The addition of a wing to the Thayer Building in 1902 and the renting of part of a house on McLean Street enabled the School to admit more students, but this increase failed to keep up with the growing needs for nursing services. For the same reasons, the Advisory Committee's continuing efforts to improve conditions for recreation and rest and to provide more time for studying were no more successful.

The first study of the School was undertaken in 1906. A committee made up of members of the Advisory Committee (Dr. James G. Mumford, Dr. Francis B. Harrington, Mrs. Whiteside, Mrs. Vaughan, and Miss Dolliver) sought opinions from the Boylston Street registry for nurses, from doctors, and from graduates of the School. The programs of other training schools were reviewed. In February 1907 the committee presented its report. Among the comments made by doctors and nurses were criticisms of inadequate preparation for private duty, and the committee recommended "that more attention should be paid to instruction on the humane and ethical side of nursing, as contrasted with the material and wage-earning view." The following statement reflected thoughtful analysis of the School's problems:

It has appeared to us that our Training School, as it now exists, is an outgrowth of conditions, and in a sense represents a development which has been reached through no systematized program, but through a process of adapting ourselves to circumstances as they have arisen from time to time. Perhaps such a chance method of growth yields the best results, but we question whether it may not be advisable, occasionally, to look farther ahead, and to contemplate some more formative and definite system.¹⁰

The MGH study may have been at least partly inspired by a survey of American training schools which the Society of Superintendents had undertaken in 1904–1905. The findings, based on returns from a questionnaire, showed a wide variation in education and training practices. In hospitals of more than 100 beds, such as the Massachusetts General, most schools had now adopted a three-year course with an annual two-

week vacation. Hours of day and night duty were still 12 or 10; only a few schools had 8-hour schedules. At the MGH Miss Dolliver had succeeded in 1900 in shortening the hours of day duty on the open wards to about 60 a week; night duty remained 11 hours (8 P.M. to 7 A.M.) for one month at a time. At the majority of schools all instruction centered in the home hospital; only a small minority gave any attention to district (public health) nursing or to the care of patients with mental illness. Very few gave their students any instruction in theory before practice. Almost all gave some lectures on anatomy and physiology at some time in the program, but since the hours ranged from 1 to 117 it is no wonder that the Education Committee of the Society of Superintendents found ample support in 1905 for their view that nursing schools needed some guidance in developing a curriculum worthy of the name.

Few of the schools had a preparatory course of more than several weeks' duration; the model in this regard was the Johns Hopkins School of Nursing, where a six-month course had been instituted in 1901, which included 9 hours a week of anatomy and physiology, as well as instruction in materia medica, hygiene, surgical supplies, and practical experience in household science. The Simmons College preparatory course, open to MGH students at the time of the Education Committee's report, gave the MGH School a high standing in this regard.

Payment for instruction was just becoming a concern in many schools in 1905. Usually the superintendent of nurses taught the practical nursing. It was fortunate for the MGH School that it had the precedent of paying doctors, derived from the days of the Boston Training School. Young doctors, who were also instructors at Harvard Medical School, were paid \$300 a year for the courses in medical and surgical nursing, which had been introduced in 1901. So far as is known the series of thirteen lectures given in the third year by eminent specialists at the MGH were their unpaid contribution to the education of the students. No mention is made of payment either for the classes in massage and hydrotherapy or for diet kitchen instruction.

Another aspect of the Society of Superintendents' survey of schools dealt with housing for students. Some schools provided none whatever. At the other extreme were a few hospitals where the nurses' home was

equipped with a gymnasium, a cheerful, restful dining room with its own kitchen, and a parlor for receiving guests.

Practices with regard to the payment of tuition and giving of allowances to students also varied widely, but the trend was toward charging tuition and eliminating allowances. Scholarships were granted quite generally, loans rather sparingly. The fear that charging tuition would reduce the number of applicants proved groundless. On the contrary, the policy gave the superintendent of nurses the leverage she needed to secure an amount and quality of education at least commensurate with the tuition charged.

Miss Dolliver resigned in 1909. Whatever the gains and losses in any nursing school of the period, any improvements must be credited to the heroic efforts of its superintendent. Miss Dolliver had moved the MGH School toward the best contemporary standards, to the greatest degree possible at the time.

Dr. Frederic A. Washburn, Director of the Hospital, wrote in his report for the year that she had “served the Hospital faithfully and ably for ten years. . . . It may well be the ambition of servants of the institution to leave behind as good a record as Miss Dolliver.”¹¹ It was characteristic of both Dr. Washburn and the times that no mention was made of her contribution to the School.

Pauline Dolliver returned to the MGH in 1917 to take charge of the newly completed Phillips House, the Hospital’s first modern facility for private patients. Holding the title of Assistant to the Director of MGH, she gave the Phillips House skillful management and established high standards of nursing care there. In 1921 she became seriously ill, and died in August of that year. “Her life of service, of sacrifice, and high ideals of duty,” said Dr. Washburn, “had inspired many a nurse, patient, and doctor in the MGH.”¹² Anna Maxwell described her as “of a singularly upright and straightforward character,” combining “a New England conscience” with “a love for suffering humanity, rare judgment, fearlessness, and clear vision.”¹³ Her influence, Miss Maxwell said, had extended beyond her Hospital and School to the nursing profession at large.

During her last years Miss Dolliver’s interest and faith in the School

had not diminished. At her death it was learned that she had bequeathed to the MGH Trustees nearly \$10,000 for the School's Endowment Fund, which had been started during her years at the Phillips House.

After Miss Dolliver's resignation, Miss Georgiana J. Sanders, an English-trained nurse and an experienced superintendent, was placed in charge at the School. Although she served for only six months (October 1909 – March 1910), she clearly recognized a pressing need for changes, and she displayed the courage of her convictions in trying to bring them about. The MGH Trustees granted her request for fifty-two more student nurses, for a reduction in working hours, and for more housing. Houses on Charles Street were rented. Miss Sanders also succeeded in having the temporary housing on McLean Street renovated and made more attractive.

During her short stay at the MGH, Miss Sanders made an important innovation: the employment of medical and surgical nursing supervisors, seen by her to be an answer to the problem of teaching students on the wards where senior students were taking the place of graduate head nurses. In England she had been used to the highly regarded, dignified "Sister" who often retained her position as head nurse for as long as ten years. The "Sister," moreover, had graduate assistants on her ward, both day and night, to help with the teaching of students. Miss Sanders presented a paper at the 1910 convention of the Society of Superintendents of Training Schools in which she compared the existing situation in the United States with that in English hospitals. She recognized that American practices did not permit the system that she had known, but she regretted deeply "the restlessness, the sense of constant change and amateur ineffectiveness, so trying in modern hospital life." The immaturity of American students of 1910 concerned her. "These bright-faced girls are often nice, intelligent, capable, adaptive, often in earnest; but responsibility, poise, the practical sympathy that comes from human experience we cannot expect; yet . . . how in the world are we to do without just those qualifications?"

Someone was needed "to introduce order, to induce efficiency, to satisfy conflicting claims." Yet few graduate nurses would choose hos-

pital work in preference to private duty with its independence, better earnings, and freedom from red tape. Her solution, admittedly far from ideal, was to provide supervisors to cover the wards on which senior students served as head nurses. A person for such a supervising position might be found among graduates who had headed small hospitals or training schools but who wished experience in larger institutions to acquaint themselves with advances in Medicine and Nursing. Compared with the usual salary for a graduate head nurse of \$30.00 a month and maintenance, the supervisor might receive \$60.00 to \$75.00 in addition to her room and board. At the very time of day when the head nurse was busiest, there was need of a person whose schedule was flexible, and whose duties included the follow-up of the students' work. Because, Miss Sanders pointed out, "No matter how carefully a pupil may have been taught technical duties in preliminary classes, or classroom demonstrations, there is always a different attitude when she comes to carry out the same duties in the ward, often against time, and for really sick patients."¹⁴ She warned that if the supervisor was given too much classroom teaching to do, her primary function would suffer. The supervisor was to represent the executive staff of the training school among the doctors. If tact and good sense were used, she could straighten out misunderstandings that might otherwise balloon alarmingly.

Her paper revealed Miss Sanders to be a realistic, sagacious administrator. She instituted the system of having supervisors at MGH, and Miss Parsons at a later date reported that the system was working admirably. These supervisors were appointed only for the wards on which students were in charge. In 1914, the experiment of having student head nurses in charge of wards was found to have many drawbacks, and the School again employed graduate head nurses on all but two of the easier wards. Supervisors were retained for many decades, however, even though the functions of the position were somewhat changed.

The history of every period shows that if it had been possible to implement the best of the proposals made by the superintendents of nurses, the level of Nursing would have been improved and certain common misconceptions avoided. Chief among these is one still held by many: "On the day she graduates, a nurse is well prepared to do anything; what else is training for?"

II. THE PARSONS YEARS

== 1910-1920 ==

CHAPTER 5

Nursing on the National Scene

IN March 1910, Sara E. Parsons was appointed Superintendent of Nurses at the MGH. Her decade of service proved to be remarkably eventful not only at the MGH School but for Nursing generally. The arduous struggles of nursing leaders to improve the schools and through legislation to safeguard the public from unqualified nurses were showing results. Among the challenging new opportunities for graduate nurses were positions in the field of public health nursing, as well as teaching and supervising in training schools. The problems of appropriate preparation for these posts loomed large. Another concern was the quality of care for private patients. In general, the caliber of preparation which the training schools provided was uneven, sometimes inexcusably poor, so that an issue becoming increasingly urgent was the need to improve all schools but especially to bring the weaker ones up to a defined standard.

The deflection from chosen goals caused by World War I was less than might have been expected. Disruption there was, as leaders and staff among the medical and nursing groups departed for overseas. Even before the devastating influenza epidemic in 1917–1918, heroic efforts were necessary to provide care in hospitals. New and inexperienced workers had to be absorbed, and there were never enough. Those who went overseas agreed that the ones who remained at home had quite as difficult a task.

Out of the experience with the wartime draft came the discovery of the low average level of health among young American men, and a resulting surge of interest and action in fostering improved health, both mental and physical. Vast reservoirs of energy, money, and talent became available as the Red Cross turned its efforts from war to peacetime

activities. Other agencies, governmental and private, began to move in the same direction. Nurses, prepared nurses, were needed in ever greater numbers.

The war had caused an influx of young women into nursing schools, but this diminished when peace came. In the interval, considerable insight had been acquired by the citizens in many communities, who had been involved in recruiting nursing students and following them up during their training. One experiment was the Vassar Training Camp, which brought together outstanding graduate nurses to teach in a college setting, and provided them with college graduates for students. Some of these young women became nursing leaders themselves, providing an elite nucleus to move forward with other outstanding women who had chosen Nursing. When the Vassar Camp students completed their preparatory course, they went on to the hospital of their choice. Here, together with citizens and graduate nurses involved in the war effort at home, they obtained a view of nursing education and nursing care in hospitals that would prove to be helpfully corrective in later years.

The MGH was one of the very few leading nursing schools that took the view that reducing the total months of training was an unwise policy. In consequence, very few students from the Vassar Camp came to the MGH; only Katherine Faville, Katharine Peirce, and Marjory Stimson completed the course, with the class of 1921.

Disenchantment with nursing education, awareness of the arduous work as well as the repetitious chores involved, and then a return to peacetime ways of life were all responsible for a sharp decrease in nursing school applicants toward the end of the decade. The California law of 1913, which regulated the working hours of females and restricted the hours of student nurses to an 8-hour day and a 48-hour week, focused the attention of both nurses and the public on the long hours of work for both students and graduates. Twelve hours of night duty without a break for a month or more and 62 hours per week of day duty had not passed from the scene. No wonder that educators in Nursing complained that the students could not be expected to learn when classes were added to the day's work.

With the number of applicants shrinking and requests for prepared graduates multiplying, superintendents of nurses were constantly harassed. The hospitals could provide nursing service with students, but only graduates were wanted to become superintendents of hospitals and training schools, supervisors, instructors, head nurses, and private or public health nurses.

The National Organization for Public Health Nursing advocated preparation appropriate for public health nurses, yet of the 6,000 public health nurses in the United States in 1916,¹ very few had had courses relevant to the positions that they held in district nursing services, in schools, or in industry.

The years 1913 to 1917 were "the dark period in nursing education," writes Mary M. Roberts. More than 300 new schools had been established which were turning out nurses dubiously prepared even for hospital nursing practice. Many graduates discovered that they were ineligible for enrollment in the American Red Cross Nursing Service, a requirement for service in the armed forces; the Red Cross specified a diploma from a hospital with a minimum daily average of fifty patients, and 39 per cent of all schools were operated by hospitals smaller than this. Standards for admission to training schools were minimal in all but the best schools. The National League of Nursing Education in 1913 recommended that the minimum legal preparation for admission should be one year of high school or its equivalent,² but among hospital superintendents, boards of trustees, and doctors were some who opposed even this inadequate requirement.

The progress made in Nursing in this decade was due to the strenuous efforts of individual nurses and to the opportunities for advanced education which an increasing number sought at Teachers College, Columbia University. Sara Parsons, working indefatigably at the MGH and through state and national organizations to improve Nursing, was one of a small band of leaders.

CHAPTER 6

Developments at the School

SARA PARSONS, who guided the MGH School of Nursing through the new century's second decade, was a member of the Boston Training School class of 1893. She had graduate training at the McLean Hospital, and then established and directed schools in several hospitals for the insane. During the year 1904–1905 she took the course in hospital economics at Teachers College.

When an MGH graduate “comes home” to a new position at the Hospital, as Miss Parsons did after an absence of sixteen years, she finds part of the essence of herself surviving along the familiar corridors and on the old wards, and feels a sensation more poignant than memories. Miss Parsons returned to find, also, that associates of earlier days were still there. Among those who were particularly important in the School's history were Dr. Frederic A. Washburn and Miss Annabella McCrae.

Dr. Washburn, formerly a house officer (1897) and an Assistant Director (1898–1899, 1903–1908), in 1908 had begun his long tenure as Director of the General Hospital, a responsibility that was to last until 1934. He and Miss Parsons had worked together earlier, in the Spanish-American War. In 1898 she and two other MGH nurses had volunteered for service on the hospital ship *Bay State*, which made three trips to bring sick Massachusetts soldiers back from Cuba and Puerto Rico. For three weeks between the second and the last trips, Miss Parsons and Muriel Galt (MGH 1898) were loaned by their commanding officer to Dr. Washburn, who was in charge of some 300 sick men in an isolated area of Puerto Rico completely lacking in facilities.¹

Dr. Washburn, even in group pictures taken at the time he was a house officer, gave the impression of being distant and unbending, because he was so tall, slim, ramrod-straight, and solemn. It was not easy

to associate him with a sense of humor or the kindness he was known to possess. He seems to have dealt impartially with the various heads of departments, and to have balanced the best interests of the whole Hospital with the demands and requests of all who sought financial support or approval of policies. He commanded respect; his love for the MGH was never questioned. He was a Yankee among Yankees. One had to know how and when to approach him; all arguments had to be buttressed with facts and costs. It helped if one had considerable status or a personality that was undaunted by his reserve. The superintendents of nurses in his era learned how to work with him, each according to her nature.

That he kept his distance was abundantly clear to the student nurses, some of whom graduated without more than a ceremonial contact with him. Students, on general principles, avoided the area of the Moseley Building where his office was located, but he might be seen occasionally walking along one of the main corridors. The knowing senior student might identify him for a less informed junior: "That's the Colonel." "The Who?" "Colonel Washburn, the head of MGH." No responding glimmer came from him to one so low in the hierarchy as a student nurse. He made many significant contributions, especially in his own field of hospital administration, and was generous with his counsel to the nurses as well as to doctors who held administrative positions.

Annabella McCrae (BTSN 1895) had been serving the School for some years, chiefly as assistant in the School Office, an administrative position. In 1912, however, Miss Parsons persuaded her to relinquish these duties to become the full-time instructor of the classes in practical nursing. At first Miss McCrae did not take kindly to this idea. She loved the ward atmosphere, being in the thick of things, and very likely the authority of the position of assistant superintendent of nurses. But it was her new work that was to give her undying fame in the annals of the MGH School of Nursing. The change proved to be one of the most important innovations of the Parsons era.

The gymnasium in Thayer basement was outfitted for a practical nursing classroom, and this became her domain. Formidable in white

starched uniform with bishop's collar, her glasses attached by a fine black cord around her neck, Annabella McCrae entered a room under full sail, the MGH cap set squarely, top and center, on her carefully confined hair. She was short-waisted and generous of hip, so that with her two-piece uniform and ankle-length skirt she seemed larger than she actually was. Her eyes, like the hawk's, missed nothing. They were the high-power objective of a keen mind bent on ferreting out just what each student knew, could do, and could learn. By the end of the first demonstration the students felt, undoubtedly correctly, that she knew their inadequacies and possibly a strength or two. She luxuriated in the quick, observant, incisive response apt to come more often from the older, more experienced student, while some trembling classmate had trouble ordering the words that came stumbling out. It became apparent the first day that one had better pay attention and be prepared in Miss McCrae's classes. It was not so apparent that she relished a keen question about her methods or her reasons. The fear that dwelt in hundreds of probationers cut her off from some useful views.

If a student did not knuckle under to her criticism, but maintained her self-respect and equanimity, Miss McCrae tended to treat her respectfully. However, the student had better be prepared, adept, organized and able to think on her feet. The young, quavering, inept student, or the more competent one who fell apart under the onslaught of Miss McCrae's questions or behavior, was the unhappy recipient of her attention. To see Miss McCrae dart across Thayer Classroom to rip apart a loosely made bed and heap scorn on its maker was to experience one of Nature's phenomena: some students resented Miss McCrae all of their days; some regretted these displays of impatience, but recognized that Miss McCrae was sorely tried; a great many felt gratitude, admiration, and affection for her.

Only an instructor who has taught practical nursing or nursing arts, as the subject came to be glorified, can have some inkling of what Miss McCrae experienced during the twenty-odd years, from 1912 to 1935 (to get a bit ahead of our story), that she taught this course to hundreds of variously endowed probationers. Imagine having a new class every four months, for decades. Imagine having no assistant until senior stu-

dents were assigned, and then having new ones every time a new class entered. Not until 1929 did Miss McCrae have a graduate assistant. Imagine the discrepancies between Miss McCrae's demonstration, crisp, sure, faultless, and the student's laboratory demonstration, more often than not without benefit of any intervening practice. For years it was not feasible to have students use TCR for out-of-class practice because the room had to be ready for the next day's classes. Miss McCrae certainly had no time in the evening to repair such damage as only probationers could inflict on a nursing laboratory—even when they fully believed that they had left everything in good order.

What might Miss McCrae be doing during her evenings? There were papers to correct, lessons to prepare, reports to write, school plans to work on, and the demands of her committee work in alumnae, state, and national organizations. The biggest extra task that she had in the period between 1918 and 1925 must have been the preparation of her book, *Procedures in Nursing*, published originally in two volumes. The first, published in 1923, dealt with the procedures used in the daily care of patients. The second volume (1925) included the more advanced medical and surgical procedures, some performed by the nurse alone and others in which the nurse assisted the doctor. Examples of procedures, now just memories to graduates in the twenties, are the slush bath, placing a patient in Fowler's position, and Dakin-Carrell irrigation of wounds. Included also were the management of patients in shock, of those needing parenteral fluids, by such a method as hypodermoclysis, and diagnostic measures.

Most of the procedures one was called upon to do in the clinical areas of the MGH were described in these two books. Before their publication, students had been required to write up the procedures demonstrated and to hand them in to Miss McCrae, who corrected and promptly returned them.

The course in nursing principles and practice, according to the school's announcement for 1925–1926, was given in the preliminary term of four months, and consisted of 90 hours of demonstration, 90 hours of classroom practice, and 204 hours of supervised practice on the wards. Examinations, though not mentioned, were given at intervals during

the term. This course overshadowed all else emotionally as well as numerically. However intense an experience it was, the memory of the least-used procedures faded. Fortunately there was on every ward a copy of Miss McCrae's book. Lucky the student who had enough advance warning so that she could review the equipment, the positioning, and draping of the patient for a lumbar puncture before the intern arrived with the sterile equipment to do an "L.P.," perhaps his first. It can be said of this course that too much was taught too soon, and that there was a serious lack of adequate ward supervision. This situation was the result of the Hospital's policy of staffing with students, who had to undertake nursing responsibilities that would challenge a graduate. The extent of the disadvantages to patients, doctors, and students themselves can never be determined. Miss McCrae was known to be unhappy about the caliber of nursing practice on the wards. Substantially the same plan continued for many years.

Despite her taxing responsibilities and heavy teaching load, Miss McCrae did not have much peace at the end of an arduous day. She lived in the suite of rooms which had been occupied originally by the Superintendent of Nurses when the Thayer Building was new. The main entrance, in those days, opened outside of her bedroom window. The corridor of the main floor that led to the elevator and stairwell passed her living room and bedroom. The clanging, banging of that old black iron elevator door had to be experienced to be believed. No one closed it quietly. Rarely did student greet student quietly. Rarely did anyone walk quietly down the hall. The evenings provided their own quota of shouts, stomps, running, and telephone bells. All of the pent-up emotion of the day broke loose in the evening. The ten o'clock bell did not calm everything at once. Yet rarely did Miss McCrae find that she could stand the racket no longer. When she made a visit to the rooms of students, especially in the alleys, she sometimes found the students in a comical state of undress. On one such evening, she opened the door to the third-floor alley to behold one student clad only in her chemise, and with her cap on. The student rose to her feet saying, "We are sorry, Miss McCrae." Thoroughly amused but unrelenting, Miss McCrae turned on her heel and left without a word.



Annabella McCrae

Miss McCrae loved “the grand old institution” as a captain loves his ship. Together many a storm had been weathered, many a goal achieved at great cost in effort and endurance. She believed that one’s best was none too good for the MGH and its patients. Her relationship with the doctors was one of student and teacher. She sought their opinions and advice on methods and principles; she and the probationers demonstrated nursing measures for them.

What graduate who had Miss McCrae for her teacher will ever forget the demonstrations the students gave in the last week of each preliminary term, when the doctors came to observe and to question? They felt pride and confidence in Miss McCrae which was transferred in generous measure to every student of hers. If a student passed Miss McCrae’s course, she was launched as an MGH nurse.

Her course included much more than procedures and scientific principles: precepts, values, philosophy of Nursing, and respect for work. Faith in one’s ability to survive anything else the MGH or Nursing had to offer was also derived. How could any student have managed the pressures and the emotional impact of the first night duty, the operating room, Ward F, or any other of the experiences that taxed mind and body and spirit? She could always console herself, whatever the imminent threat, with, “I survived Miss McCrae, didn’t I?”

MGH nurses, hundreds of them, went to far countries and nearby cities where they advanced the practice of Nursing through positions, through community influence, and through family life. With them they carried a good bit of Miss McCrae.

On taking charge, Miss Parsons faced the urgent need to enlarge the School in order to meet the nursing service requirements of an expanding MGH. She recognized how much time, energy, and money could be saved for both the Hospital and the student if applicants could be selected more wisely from a group of highly qualified candidates. To attract such young women, the School must offer a suitable program, one in which students would not be regarded as employees or forced to do the work of maids. Miss Parsons attacked this problem in several ways. She became a veritable recruiting agent who spoke at the nearby

women's colleges and outstanding high schools. She reduced the weekly ward hours for students from 63 for day duty and 80 for night duty to 52 hours for each. She eliminated time-consuming procedures such as "show-beds," had other procedures simplified, and provided some additional ward equipment to facilitate nursing care. More of the housework was assigned to maids.

Not only were the conditions of work improved. Recognizing the students' needs for relaxation, recreation, and social life, Miss Parsons also helped to organize the Glee Club, which first sang at graduation in 1911. Classes in folk dancing were started, and she gave permission to the students to hold dances to which men guests might be invited. Some of her staff disapproved of this liberality, but she withstood their criticisms and fostered the understanding support of the Ladies Advisory Committee for such radical departures. Student government was established in 1915, and Sara Parsons both advocated and practiced intelligent, sympathetic guidance long before that word had a place in the vocabulary of educators.

The report of the Superintendent of Nurses to the Resident Physician (Director) was prepared for 1910 by Miss Parsons.² Included as in past years was the list of officials of the Hospital involved with the School. Dr. Henry P. Walcott was still chairman of the Trustees' Training School Committee and of the Advisory Committee to the School. An innovation was the listing of the officers of the School:

Dr. Frederic A. Washburn, Resident Physician
Sara E. Parsons, R.N., Superintendent of Nurses
Annabella McCrae, R.N., First Assistant Superintendent
Irene B. Mason, R.N., Office Assistant
Harriet L. P. Friend, R.N., Supervisor, Medical Wards
Ethel M. Doherty, Supervisor, Surgical Wards
Jessie L. Brown, R.N., Assistant Supervisor

Fourteen head nurses were named, ten of them graduates of the MGH Training School, six having received their diplomas that year. Two others had attended a training school conducted by a hospital for the insane: Amy Birge, McLean Hospital 1907, MGH 1909, and Anna G. Griffin, Boston Insane Hospital 1906, MGH 1910. Since Miss Parsons

had taken the postgraduate course at the McLean Hospital and Miss McCrae had had her first training there, the MGH thus had four graduate nurses prepared in the field of mental illness at a time when it was still rare for a graduate in a general hospital to have such training. Other schools represented among the head nurses were Children's Hospital and the New England Hospital for Women and Children, both of Boston.

The Training School instructors were listed separately, and included Misses Parsons, McCrae, Friend, Doherty, and Story. Faithful Dr. George S. C. Badger and the more recently appointed Dr. Robert M. Green were the teachers of medical nursing, surgical nursing, and allied subjects.

There also appeared the new position of "Instructor of Applied Science to Nursing," held by Amy P. Miller, a graduate of the Johns Hopkins Hospital Training School who had taken the course in hospital economics at Teachers College. The first full-time instructor in the MGH Training School, Miss Miller was appointed in September 1910. She is described by the historians of the Hopkins school as "tall, slender, aristocratic and immaculate in appearance," with "a keen sense of humor, great human understanding, a quiet strength and serenity."³

Soon after Miss Miller's arrival a new, three-month preparatory course for probationers replaced the course at Simmons College. She had the probationers in class every day—a considerable advance from the preliminary course instituted in 1900, which had offered sixteen lectures in anatomy, physiology, and hygiene in a term of two months, in addition to demonstrations in practical nursing procedures. The new plan undoubtedly was fairer to all students than the Simmons arrangement, and Miss Parsons felt that Miss Miller's teaching was highly beneficial, since she supplemented the doctors' instruction in a way that enabled the students "to assimilate to a greater degree the advantages offered them."⁴ The night nurses must have rejoiced to have classes scheduled in the late afternoon instead of in the middle of the day. Together with Miss McCrae, Miss Miller had the honor of having started the MGH School's notably successful probationers' course. During the nearly five years she remained at MGH, Miss Miller studied at both

Harvard University and Johns Hopkins University to prepare herself more adequately for the teaching of histology, anatomy, physiology, and bacteriology. Some years after leaving the MGH, she became director of theoretical instruction at her own school of nursing.

Miss Margaret A. Dieter, A.B. Smith College 1910, was selected by Miss Parsons to become instructor when illness forced Miss Miller to leave suddenly in 1915. Miss Dieter (MGH 1916) was the only MGH graduate ever to hold this position. With Miss Dieter as instructor of applied science, Helen Wood, A.B. Mount Holyoke College 1904 (MGH 1909), as first assistant, and Lucy Fletcher, A.B. Radcliffe College 1910 (MGH 1912),⁵ as night superintendent, Miss Parsons must have felt blessed. Miss Dieter remained in the instructor's position through the war years, leaving in the summer of 1918, when Grace L. Reid, a graduate of Lakeview Hospital Training School (Danville, Ill.) and an experienced executive and teacher who had also attended Teachers College in 1917-1918, took her place. Illness shortly forced Miss Reid to resign, but she subsequently returned to teaching and was associated in other positions with various MGH graduates, to their happy advantage.

During Miss Parsons' years as Superintendent of Nurses, an applicant to the School received a crisp and useful "Circular of Information." From this she could learn that the MGH was one of the leading hospitals for the care of general diseases, staffed by men of distinguished ability, and with one of the largest out-patient departments in the world, daily averaging 400 to 500 patients. The daily average of in-patients was 290. The large staff of nurses, consisting of 23 graduates and 150 pupils, allowed for "particular and individual care of the patients, unusual in large hospitals." The would-be nurse learned that the purpose of the School was "to maintain a high standard commensurate with the opportunities it has to offer, and to assist in meeting the demands of the public which is today recognizing the trained nurse as an essential factor in solving many economic and social problems." Students during their first two years worked under the instruction of graduate nurses in medical, surgical, orthopedic, children's, skin, throat, and nerve wards. Experience in obstetrical nursing was obtained during the third year by

affiliation at Wesson Maternity Hospital in Springfield or at the Boston Lying-In Hospital.

Required for admission was a high school education or its equivalent, with preference given to those who had some years of normal school or college or who had studied some Latin, chemistry, biology, and physiology. When probationers were accepted into the School, they had to pay for their textbooks and uniforms, though a monthly allowance of six dollars was given to defray expenses. Otherwise, "the education and experience" were considered "ample compensation for services rendered."⁶ Fifty dollars a year was recommended for personal expenses. A breakage fee of ten dollars was charged; any balance was refundable at graduation. (What a victorious feeling came to the student who received some refund despite having boiled dry the syringes or dropped a tray of thermometers!)

As to the "services rendered," the prospective applicant was told that "the pupil averages not less than eight hours per day in the wards,"⁷ with one half-day off duty per week, four or five hours off on Sunday, and two hours off daily. During three years she would have six weeks of vacation. At the end of the three months of probation, if she were accepted, she must be prepared to sign a contract to finish the course. If she became ill, the Hospital would provide care for a reasonable time, but time lost for whatever cause would have to be made up before her graduation. In practice, students who had minor illnesses stayed in their rooms. Provision for attention, treatment, and meals was sketchy, and Miss Parsons recommended the employment of a matron to look after "the Thayer" and to care for sick nurses. The Thayer Building was described as a pleasant and comfortable home on the Hospital grounds that accommodated 121 nurses since the new wing had been added. The wing rooms were reserved for graduate nurses, who received room and board as part of their compensation.

Other information acquired by the applicant from the circular included the opportunity for selected seniors to have the "valuable executive experience of being head nurse under the supervision of expert graduates." Positions open to qualified graduates were enumerated. Reference was made to the opportunities afforded by Boston, and to the

“special effort . . . made by the instructors to encourage these diversions and to impress upon the pupils the desirability of cultivating such intellectual interests so that their three years in Boston will make them not only good nurses but broader and more cultured women.”⁸ The scheme of education was presented year by year with course descriptions. Thus an applicant and her parents acquired the essential information.

Sara Parsons’ contributions to the MGH School and to Nursing include more than can be recorded here. Always a realist, she participated generously in alumnae, state, and national activities. From records and reminiscences one gathers the impression that she was not aloof but cordial, that she liked young people and was sympathetic to their needs, and that many of them in fact had a high regard for her, in which awe was mingled with affection. She made substantial efforts to attract the best possible applicants to the MGH, and was interested in the new emphasis on vocational guidance just emerging in the United States.

As Superintendent of Nurses, Miss Parsons each term gave a series of talks to probationers and another to seniors about to graduate, imparting her philosophy of Nursing and its relation to an individual’s personal life. Somewhat amplified, these were published in a small book called *Nursing Problems and Obligations* (1916), for which Dr. Richard C. Cabot supplied the preface. Remarking that he and Miss Parsons had been “convinced by the same masters, by daily trial and error, by daily experience,” Dr. Cabot agreed heartily with her opinions on “the present limitations and future reforms of training schools for nurses”⁹ and supported her view that endowments were as essential for nursing as for medical schools, since neither could maintain standards otherwise.

The first five chapters of “Probs and Obs,” as the students nicknamed it, are devoted to the subject of ethics and include the topics usually covered under that heading in training schools: honor, reliability, self-control, loyalty, charity, courtesy, discretion, forbearance, and wisdom. Far from offering only bromidic advice, Miss Parsons spoke with frank appreciation of the realities in Nursing. For instance, “Our duties to our patients, to the doctors, and to our own consciences often seemingly conflict.”¹⁰ She might have added that duties to head nurses

and hospital policies were also among the conflicting forces which tested the wisdom of student nurses as they tried to determine where their allegiance belonged.

Miss Parsons stressed that though rules as rules restricted the individual's freedom, giving the reasons behind the rules facilitated voluntary conformity to them. This refreshing attitude was subject to distortion from lesser lights in the Department of Nursing from decade to decade. Discussion of professional and social relationships and admonitions about health practices, manners, and the need for moral strength complete this potpourri of philosophy and advice to the newcomer to Nursing.

A "Bill of Rights" for student nurses would have been the last bill written in any hospital training school, yet among Miss Parsons' dicta to graduates facing executive responsibility can be found some possible elements for one. "It is unjust to expect perfection. Do not allow the defects of the few to obliterate the achievements of the many. Give praise; reserve criticism, particularly of minute faults. Make allowance for individual peculiarities and temperament. The student may be unable to organize the multiple, diverse elements in the morning's assignment, but how does she deal with the individual patient?"¹¹ "The fetish of military discipline" in nursing schools, she commented, "has exacted many a pound of flesh to the detriment of the disciplinarian and of the disciplined."¹² She warned future administrators against using discipline as a vent for anger or frustration. The experience of conforming voluntarily to the life of the institution and the School, accepting its responsibilities conscientiously, would give a student practically all the discipline that should be necessary for the development of character.¹³ Self-government and a sense of pride in the integrity of the student body should be a school's goals.

Also for the benefit of the senior nurses, Miss Parsons examined the various occupational fields as to pitfalls and rewards, and emphasized the organizations to which the graduate nurse should belong and the publications to be read. She stressed the importance of using appropriate methods to teach patients how to maintain their health. Miss Parsons believed in the graduate nurse's responsibility to help mold public opin-

ion on questions of health care delivery; as an example she pointed to the folly of creating fifteen-bed hospitals with their specialized equipment when community cooperation might produce one good seventy-five-bed hospital.¹⁴

In her criticism of abuses in the nurse-hospital relationship, Miss Parsons was forthright. It is "no more right to sacrifice the nurse," she declared, "than it is to neglect the patient."¹⁵ She pointed to the inconsistency of a hospital's providing social work for convalescent patients with problems in their home environment when living conditions for its nurses and employees were substandard. She also condemned the over-long hours on duty for students, the practice of twenty-four-hour duty for special nurses, the use of students for private nursing in homes, excessive hours of specializing hospital patients, and the lack of male nurses and orderlies.

Looking ahead, she predicted that the "next great developments will probably be the endowment of nursing schools, the advancement of nurses to more technical duties, and an abandonment of the superfluous manual part of our present work."¹⁶ If nurses worked "for the good of all with our best skill,"¹⁷ she was confident of the future.

Student government, which had special appeal for the college women in the School, was introduced at the MGH in 1915. The student body totaled 200 that year, when Miss Parsons said that the best thing to report concerning the students was

the growth among them of the idea of self-government on an honor basis. No one, except nurses themselves, can know how much easier it is in most ways to throw all responsibility on the faculty. With an ever-changing body of students, absorbing occupation, and long hours of work, it requires a very special effort to attend to class meetings, to do proctor duties, and so on, but the idea is well rooted and its development among so many young women will make for increased moral responsibility.¹⁸

Another need recognized by Miss Parsons was money for scholarships "to attract larger numbers of highly educated young women. . . . Central schools and university schools may rise and flourish but let us never permit any of them to overshadow our Alma Mater."¹⁹ As early as 1910, she had sought funds for both scholarships and loans for pupils

who needed financial assistance while in the School, or who wanted additional preparation in order to become teachers. By 1912 “a certain number”²⁰ of \$50 scholarships were available. In the same year, Miss Parsons reported that Dr. Fritz Talbot had offered a scholarship to promote interest and efficiency in pediatric nursing. Elizabeth Sullivan, who would graduate shortly and become head nurse on Ward H, the children’s ward, was to be the recipient and would travel to New York, Philadelphia, and Baltimore to observe nursing methods in children’s hospitals. Mrs. Nathaniel Thayer, whose strong interest in the School continued to be manifested in many ways, gave two scholarships in 1912. Miss Agnes West gave \$100 to start a Student Loan Fund in 1916 as a memorial to her sister, Marion Moir West (BTSN 1889). The Boston Metropolitan Chapter of the American Red Cross offered sixty scholarships during 1917, of which the MGH secured twelve, enabling three groups of four students to take the four-months’ course in public health nursing given by the Instructive District Nursing Association of Boston. And in the next year the Hospital Trustees voted “a sum not exceeding \$600 to be spent each year providing scholarships of \$100 for pupils applying for aid.”²¹ This was a significant achievement for the School.

Other gains during Miss Parsons’ administration were the renewed (and elective) affiliations with the McLean Hospital, for three students at a time for three months (1913), and with the Massachusetts Charitable Eye and Ear Infirmary, for three students for a two-month period. Students continued to go to the Wesson Maternity Hospital or the Boston Lying-In Hospital. A new type of assignment occurred when the first senior was detailed to be Miss McCrae’s assistant in 1915. The expanding services of the Hospital and the increasing work being done by the doctors made it necessary to place more students in various posts. These requirements included three students at a time in the newly opened emergency ward in the Moseley Building, two students to assist doctors in research, one student to the X-ray Department, and an ever-increasing number to staff the Out-Patient Department.

The building program at MGH during this decade produced three

much needed facilities: the "New Home" (later named the Walcott House) for nurses (1913), the Phillips House for private patients (1917), and the Moseley Memorial Building (1916). At last the administrative offices of the Hospital and the School could be moved out of the Bulfinch Building, a waiting room for visitors was supplied, new space for Treadwell Library (Medical) became available, and more suitable quarters were provided for the House Officers. Of outstanding significance to the School was the fact that graduation exercises could be moved from the barren out-patient amphitheater to the Moseley Rotunda.

It seems unlikely that the assignment of new offices for the Training School in the Moseley Building was made so that the occupants could view the front door of the New Home, but such was the case. Any illicit visits to the dormitory during on-duty hours were promptly investigated if a student were foolish enough to forego the use of the tunnel under Fruit Street. The New Home was planned with the help of Dr. Washburn, whose paper about the building was published. Certainly more luxurious than the Thayer, it could be entered without traversing the Hospital grounds and included facilities for receiving guests. The reception room was large, sunny, dignified, and attractively furnished with generous gifts from the various classes, from the Ladies' Friendly Committee, and from other friends. What a change it must have been in 1913 to enjoy the teas and other events in such gracious surroundings. For informal recreation there was a large room in the basement equipped with a kitchenette where snacks or breakfasts could be prepared. The Superintendent of Nurses had new living quarters in a wing somewhat apart from the mainstream of the busy house. A large lecture room was provided, answering a great need, though acoustically it left much to be desired, the pipes of the heating system competing with the traffic on North Grove and Parkman streets. The windowsills were at sidewalk level, an arrangement more conducive to pranks by the local gamins than to the cleanliness of the room. Miss Sleeper recalls that when she was student assistant to the theoretical instructor in 1922, some youngsters pushed to the floor the small box containing the card file of the reference books. The "library" even then consisted of a very limited collection housed in the back of the classroom. Improve-

ment though it certainly was, comparable dormitories in other good schools during the prewar years included a dining room and an infirmary as well as social rooms on each floor. Nevertheless, the wait had been long, and the elation felt was appropriate. The expansion of the nursing staff, however, was such that by 1916 Miss Parsons had to point out in her annual report that the addition of sixty nurses who had been living in rented houses outside the Hospital grounds so burdened the accommodations that the New Home was already outgrown. The next one she hoped would include an infirmary and a dining room for the nurses, but the wait was even longer than that between the Thayer and the New Home. Meanwhile, all nurses continued to have their meals in the hot, noisy, unattractive dining room in the Domestic Building.

CHAPTER 7

The Quarterly Record of the Alumnae Association

THROUGHOUT her years as Superintendent, Miss Parsons aided and encouraged the activities of the MGH Nurses Alumnae Association, and herself initiated several new projects. She helped support the Sick Relief Association run by the alumnae, inspired the older graduates to start an endowment fund to strengthen the School's financial base, and was active in the establishment of an alumnae magazine, *The Quarterly Record*.

There were now nearly 900 graduates of the School, many of whom were employed far from the Boston area. The need for some means to hold them together had been recognized before Miss Parsons returned as Superintendent of Nurses. It was she, however, who provided the impetus for action. When some hundreds of alumnae, not all members of the Association, signified interest in a publication, an editorial staff undertook the task of bringing out a quarterly magazine. This was to have more of a social than an educational mission, since the *American Journal of Nursing* was seen to serve the latter function. The purpose of *The Quarterly Record*, its editors announced, was to inspire, instruct, and amuse, through accounts of "the occupations, environments, successes, failures, marriages, births and deaths of all our large family. The only danger we might apprehend from a successful publication is getting localized in our nursing interests, which would be a distinct misfortune."¹

The first issue was published in March 1911, with Alice O. Tippet (BTSN 1889) as editor-in-chief, Sara E. Parsons as Training School editor, Lillian H. Morris (MGH 1897) as alumnae editor, and, as business manager and her assistant, Mrs. Helen S. Chapman (MGH 1902) and Bessie Fullerton (BTSN 1895). A picture of the Bulfinch Building,

then clad in ivy as the MGH Song proclaims, was used as the frontispiece. The practice of reporting on the most recent graduation in the spring issue began here with an abbreviated account of Miss Parsons' official report, a description of the music provided by a soloist and the School's Glee Club, and the full text of Annie W. Goodrich's address, "The Nurse and the Public Health." Miss Goodrich, then Inspector of Training Schools in New York State, made an eloquent plea for the preparation of nurses in the great field of public health, for better education of teachers and administrators in Nursing, and for state legislation to improve the standards of training schools.

The lead article was written by Grace K. Perkins (MGH 1907), the first nurse anesthetist at the Hospital in the days before a medical specialist in anesthesiology headed a department. Under medical supervision Miss Perkins had anesthetized 1,800 patients in the previous two years; she described the methods of administering the various forms of anesthesia in use at the MGH with emphasis on the reasons for the pre-operative medications and the advantages of a given anesthetic for a particular surgical procedure. (This work was considered significant enough to warrant listing the names of the "Anesthetizers" on the same page in the School's annual publication with the Trustees' Training School Committee and the officers of the School.)

Among the announcements in this first issue was a statement urging graduates to apply for membership in the Red Cross Nursing Service, which in January 1910 had adopted a general plan of enrollment following the appointment of a national committee under the chairmanship of Jane A. Delano, superintendent of the Army Nurse Corps. It was pointed out that the Red Cross required each nurse to be a member of her alumnae association in good standing (and thus also a member of the American Nurses Association). "It is possible," said Jane F. Riley (BTSN 1888), "that we may never have another war, and that no other great disaster may come near us; but if the time comes . . . let it find us ready."²

The first and many subsequent numbers of *The Quarterly Record* featured accounts of the meetings of the Massachusetts State Nurses Association which reported on the program and issues in considerable detail.

Attention was also called to the need for nurses to register if they worked in Massachusetts. The progress of legislation was followed closely.

For many years both general and professional books were reviewed in the *Quarterly*; Jane Addams' *Twenty Years at Hull House* was discussed in the first issue. The reviews were usually not signed; the selection of titles reflects the social and professional interests of Miss Tippet and Miss Parsons. The magazine also printed letters written by graduates to Miss Parsons; these reveal how much she did personally to bind their affection to the MGH and to hold their interest in the needs and development of the School. The personal news items helped to keep widely separated alumnae informed of changes in the lives of friends and classmates. It was the policy from the beginning to distribute *The Quarterly Record* free to members; nonmembers might subscribe for one dollar a year.

To assist its members in the event of serious illness, the Alumnae Association had proceeded in 1909 to organize its own Sick Relief Association, with thirty-two charter members. The membership fee was \$5 a year. No money was to be drawn until \$1,000 had accumulated in the treasury, and after the first payment to an individual nurse, no other benefit could be paid within a year. Thereafter, a benefit of \$10 per week might be paid after the first week of illness, for a period no longer than eight weeks. The first president of the Sick Relief Association was Esther Dart (BTSN 1891), superintendent of the Stillman Infirmary of Harvard University. Associated with her were: Jane F. Riley (BTSN 1888), vice-president; Annie H. Smith (BTSN 1895), treasurer; Edith M. Clark (BTSN 1891), secretary, and five other members of the executive committee. Membership fees provided a base on which to build the fund, and the committee assumed the responsibility for raising the balance. By May 1911, one full benefit had been paid, and there was a bank balance of \$1,071.51.

Fairs and card parties, a few bequests, accruing bank interest, and the undaunted efforts of many members built up the balance on hand even while benefits were being paid. On June 2, 1916, the organization was incorporated under the name of the Sick Relief Association of the Massachusetts General Hospital Nurses' Alumnae. Before the end of Miss

Parsons' decade as Superintendent of Nurses, twelve benefits with a cash value of \$800 had been paid, while the cash on hand had reached \$7,079.84.³ By 1920 many of the most loyal alumnae had participated through membership and staunch support in this cooperative enterprise.

We have Miss Parsons to thank for initiating the plan for the School's Endowment Fund. At the graduation exercises in January 1914 she included in her report on the School for the previous year a plea to the graduates for this purpose:

The trustees support the Training School Department liberally out of the [Hospital's] general fund, but if we had our endowment, it would liberate money now used for the School for use in other needed directions. . . . Our school is a great department of a wonderful organization and the relief and education that this organization stands for are worthy of our greatest admiration and most generous support according to our means.⁴

Even then Miss Parsons was looking forward to 1923 and the fiftieth anniversary of the School, with the hope that an adequate endowment might be raised by that date. She herself seems to have launched the drive with a personal donation of \$200 given in the name of "A Graduate."⁵ From this time on, the annual reports and *The Quarterly Record* make frequent references to the Fund's progress.

Responses to Miss Parsons' proposal were slow and limited. Many graduates did not realize that costly improvements were needed in the School; nor were they aware of the financial problems of the MGH. Their associations with institutions that raised endowments were limited, and their own incomes rarely allowed any margin for beneficence. Furthermore, many lived far away from Boston and less than half received *The Quarterly Record* through membership in the Alumnae Association. Miss Parsons made use of the annual graduation exercises when alumnae and guests were present to urge greater support for the Endowment Fund. At graduation in January 1916 she asked and then answered the questions: "Why do we need one? Who should furnish the endowment? How would it be administered?" The problem of "adjusting and fulfilling the duties toward our patients and toward our student nurses is difficult at best," she pointed out, "and efficiency should

not be handicapped by the constant necessity of adjusting the needs of the school as a school, to financial expediency." She felt that "our graduates should be as ambitious to see our school in a position to lead as are the doctors and administrators to have the hospital one of the leading institutions in the world."⁶ The Endowment Fund, she went on to explain, would be administered by the Trustees and the Training School Committee, which included both the Superintendent of the Hospital and the Superintendent of Nurses.

At the next graduation (1917) Miss Parsons recalled the plea of the Board of Trustees of the Boston Training School in their report of 1879: "We earnestly hope that if our work is approved and our graduates do themselves credit we may come to be endowed with money sufficient to carry out our plans in the best way."⁷ She noted that the purpose remained the same, to remove any financial bars to "maintaining a first-class nursing service and an educational center from which we should continue to graduate fine types of women as well as well-trained nurses."⁸ She noted that the response to the circular sent to all graduates the previous August had brought in \$2,960.50 and pledges for several thousand more. The goal, she announced, was to be \$500,000 in 1923. "This may make the timid gasp and the incredulous scoff, but pray tell me how a school for nurses is in any way less worthy than are our colleges?"⁹

The war effort, however, was soon to divert attention from the Endowment Fund, while the sharp rise in costs for hospital supplies made the financial problems of the MGH more acute than ever. Helen Wood, Acting Superintendent of Nurses, noted in the report for 1917 which she read at graduation in January 1918 that something over \$4,000 had been raised, just a few steps toward \$500,000. In the remaining years of the decade, in spite of great effort, the School realized only about one percent of the goal set.

CHAPTER 8

The Hospital in World War I

WHEN the United States entered World War I in 1917, many changes took place in the routine of both Hospital and School. Organization of a medical and nursing unit from the MGH had begun in 1916. Early in the summer of 1917 the unit sailed for France, and in July it was established near Bordeaux as Base Hospital No. 6. Under the medical direction of Col. Washburn, the unit included more than 60 nurses, most of them graduates of the School. Miss Parsons served as Chief Nurse. A list in *The Quarterly Record*, perhaps not complete, records 215 MGH nurses who served overseas either with the United States or with the Allies; Dr. Washburn's history of the Hospital sets the figure at 228. A memorial tablet in Treadwell Library honors the 7 graduates who died in service.

Most of the MGH nurses were associated with one of the American army base hospitals organized under the Red Cross by either civilian hospitals like the MGH, or medical schools, or a combination of the two. The MGH unit, with others, supplied teams of medical personnel for evacuation hospitals, trains, mobile surgical units, and army camps, and received ill and wounded men who required extended treatment. When the armistice came, on November 11, 1918, Base Hospital No. 6 had more than 4,300 patients. The unit returned home in February 1919.

Many MGH graduates also served in Base Hospital No. 5, the Harvard Medical School and Peter Bent Brigham Hospital unit, of which Carrie M. Hall (MGH 1906) was Chief Nurse, and Base Hospital No. 55, commanded by Lt. Col. Franklin G. Balch of the MGH surgical staff, with Jessie E. Grant (MGH 1906) as Chief Nurse. Other MGH alumnae served with the Allies on the western front and elsewhere; notable among them was Muriel Galt (MGH 1898). Like Miss Parsons

a veteran of the Spanish-American War, Miss Galt from 1914 on saw service with the Queen Alexandra Imperial Military Nursing Reserve in Egypt, India, and Mesopotamia, and ended the war crossing the Rhine with the French Army of Occupation.

Fuller accounts of the wartime experience of MGH nurses, both at home and overseas, can be found in *The Quarterly Record*, in Miss Parsons' history of the MGH School, and in the chapter she contributed to the official history of U.S. Army Base Hospital No. 6, published in 1924. Only one part of the story can be considered here, the warm relationship between Miss Parsons and the 64 nurses who went overseas with her. One of the "Bordeaux Belles," as they called themselves, later wrote an account of her wartime experiences for the *Quarterly*. When the nurses were weary and their disappointment at not being nearer to the battlefield came to the surface, she recalled, "Miss Parsons smiled and then fired us with that spirit of enthusiasm that characterized her whole life." She "put much effort into impressing us with the fact that this was our great opportunity to know a new people and to see a new country . . . to study French. . . . To us who served with Miss Parsons," she continued, "she was more than a chief nurse and more than a great leader. She was a mother in the truest sense."¹

Perhaps her nurses were a direct reflection of Miss Parsons, for in her chapter "The Nurses' Point of View" in the history of Base Hospital No. 6 she declared, "Most gratifying of all was the spirit of motherliness which pervaded the atmosphere, and the respect which the nurses always commanded."² After they returned to the United States, she followed with interest the careers and family lives of this group of alumnae who remained a unit for years to come.

During Miss Parsons' absence, the heavy responsibility of running the MGH School and the Nursing Service of the Hospital amid wartime pressures and shortages fell upon the capable shoulders of Helen Wood (MGH 1909), as Acting Superintendent. One of the most noted of the MGH alumnae, who on more than one occasion during her graduate career rendered important service to the School, Miss Wood deserves a special note. She spent her early years in Newton, Mass., and received an A.B. degree from Mount Holyoke College in 1904. She entered the

Training School at the MGH three years later and found other students with whom to share common interests. After her graduation in 1909 she was an anesthetist at the MGH for a year. There was a bit of the adventurous in Helen Wood. She was able to spend the summer of 1911 in Labrador at the Grenfell Mission, and her subsequent professional life reflected an interest in new experiences. In the fall of 1911 she became assistant superintendent of the Faulkner Hospital in Boston, resigning in 1913 to study for a year at Teachers College, Columbia University. She then returned to Boston to become temporarily superintendent of nurses at the Children's Hospital. At this time she had a contact with Simmons College, where the first-year students at Children's took their science courses. Two years later came the call to the MGH as "First Assistant, Training School" and her appointment as Acting Superintendent of Nurses followed soon after.

Miss Wood's report for 1917, delivered at the graduation exercises that year, reflected the expanded outlook which the war had brought. Nurses, she pointed out, were now being prepared not only for hospital and community work, but to meet "the cry of the sick and suffering of mankind throughout the world." While directing the MGH School during these strenuous years, Miss Wood served also as chairman of Massachusetts' wartime Nurse Recruiting Committee.

At the MGH, Helen Wood held the School's affairs in a firm grasp. She was the epitome of one type of New England woman, the small, compact, decisive, no-nonsense variant. As she walked briskly down the isthmus from Ward C toward Ward E, it was evident that she was business-bound. She gave the impression of being stern, but among her friends she was a merry companion, and her associates appreciated the humor that tempered her quick, incisive responses.

In Miss Wood's classes on ethics, the probationers began to understand her philosophy and values, to sense the breadth of her background and interests beyond nursing. Before students or graduates could be overwhelmed by their responsibilities, she spoke a word of encouragement. The students knew that it would be hard to outwit her in any situation. In 1919, when a student government meeting was to be held, they decided to ask her to speak on the forty-eight-hour week and care-

fully prepared themselves to counter her arguments.³ However much Miss Wood wished to see the hours of duty reduced, she knew that the MGH finances stood in the way. In discussing the problem, she was fair both to the students and to the Hospital.

It would never have occurred to anyone that Miss Wood might fail to meet an obligation promptly and ethically, and she held others as accountable as she held herself, though she may have allowed her students some latitude on relatively minor transgressions. She was able to help young people to want to do better than they imagined they could. To Miss Parsons' great disappointment, Miss Wood left the MGH in 1919 to become superintendent of nurses at the Barnes Hospital, associated with Washington University, St. Louis, Mo. According to the Director of the MGH, she had been "a sheet anchor in time of storm."⁴ Through her later associations, her abiding love for the MGH remained.

Miss Wood's outstanding contributions were in the field of college programs in Nursing. In an important paper delivered at the annual meeting of the American Hospital Association in 1924,⁵ she was forthright in pointing out that the education of the student had been neglected in an effort to provide nursing service for the hospitals. She had quoted from one of the earliest reports of the founding committee of the Bellevue Hospital school, which had expressed the view that the training of nurses "should not be regarded merely in the light of benevolence, but as a system of education," and had stated the founders' hope of establishing a college for the purpose. Miss Wood protested "the burdens of unsupervised responsibilities" placed on the students as early as their sixth month in training, and called for the employment of graduate nurses on hospital staffs and the use of ward helpers to relieve students of repetitive drudgery. Neither proposal was new, but the need had increased.

Miss Wood had no thought of separating the school of nursing from a hospital's nursing service. Her call was for funds for nursing service personnel who could maintain both effective education of the students and good patient care. This point of view concerning the dual responsibility was held at the MGH School for decades. She also recommended freeing superintendents of nurses from the task of recruitment for the

training schools. Since the hospitals utilized nursing services, and the public benefited from them whether through private duty or public health programs, recruitment should become one of their major concerns. Influential board and committee members associated with hospitals could add their arguments in favor of the schools among people with whom they had contacts. Unfortunately, these problems remained unresolved in many hospitals, including the MGH.

From 1924 to 1931 Helen Wood was director of the University of Rochester (N.Y.) School of Nursing. During these years a number of MGH nurses were associated with her at the Strong Memorial Hospital, the teaching hospital allied with the medical school. She returned to the MGH again as Acting Superintendent in 1931-1932 to free Miss Sally Johnson for a year of study at Teachers College.

Following this year, Miss Wood went to Simmons College where she undertook the reorganization of the School of Public Health Nursing. In 1933, the Simmons College School of Nursing came into being with Helen Wood as its first director. In her efforts to strengthen nursing education, her own excellent college background served her well, and after 1920 she directed college programs in Nursing.

CHAPTER 9

The *Standard Curriculum* and the School

ONE measure by which Miss Wood, Miss Parsons, and other superintendents assessed their schools after 1917 was the recommendations made in the *Standard Curriculum for Schools of Nursing*, published that year by the National League of Nursing Education. The product of five years of work by nurse educators who took on this responsibility in addition to the rigorous duties of their own positions, and generously supported by Mrs. Helen Hartley Jenkins, this blueprint for the education of nurses was essentially a compromise. It was designed to strengthen a system in which the caliber of training schools ranged from the enviably superior (for that day) to the inexcusably inadequate.

When work was begun on the *Standard Curriculum*, no national accrediting body for nursing schools existed. Hospitals with fewer than 50 beds were still conducting schools, and without providing affiliations. In larger hospitals pediatric nursing often was not included because no children's ward existed. The exploitation of students was such that out of their three years in training, many spent ten to twelve months in the operating room. Few graduate nurses had any instruction or experience with patients who were mentally ill, unless their school had been conducted by a hospital for mental diseases, in which case without several affiliations they knew little of other aspects of nursing. In a general hospital, even courses in obstetrical nursing were sometimes weak or nonexistent. The course in anatomy and physiology might consist of as little as 15 hours of lecture. Chemistry was often omitted. And underlying the whole situation were two basic problems: not all nurses in charge of schools knew what a sound curriculum should be; others who did know were unable to put one into effect because of hospital policies,

financial limitations, and the lack of enlightenment of boards of trustees and others who influenced the development of schools.

On the outside, the public, that consumer of medical and nursing services, was confused and often prejudiced. With no better guidance than the reputation of the local hospital or the views of less-than-discriminating doctors, people found it difficult to assess schools soundly, and a low opinion of nursing education was widespread.

Under the circumstances, the need was less for a statement of the best possible standard than for the establishment of a minimum standard which leaders in the field considered acceptable. The National League of Nursing Education stated emphatically that it was not offering a "model" curriculum. Many who had helped prepare the course outlines, particularly in the sciences, were dissatisfied with the brief and superficial courses finally included. The curriculum presented the possible, not the ideal. Nevertheless, it gave everyone a measuring rod. If some used it as a restrictive, binding gospel, that was not the intent of the leaders of nursing education.

Compared with the wide spectrum of training schools, it seems safe to say that the MGH School offered certain striking advantages, and that its staff, in general, were aware of its shortcomings before the *Standard Curriculum* appeared. Conspicuous among the School's assets were the reputation of the Hospital, of the doctors, and of many of the graduate nurses, the painstaking teaching of practical nursing, and the rigor of the training, which sent the graduates forth equipped to undertake many positions, or at least satisfied that they were able to do nearly anything.

The kind of hospital prescribed in the *Standard Curriculum* could have been the Massachusetts General:

. . . of good standing in the community, under the direction of a responsible body of trustees, of such weight and influence as to establish beyond question the purpose, dignity and stability of the institution, and to afford guarantees to the public, and to prospective students and their families in particular, that it is a suitable place to which to invite young women to enter for serious professional training. A hospital of established reputation will select with great care its officers and staff, physicians, nurses, and others . . . and will exact from them a high quality of work, and single-minded devotion to the interests and

welfare of patients. The standards of its own work will be projected into its teaching throughout, and its teaching will be of two kinds—the conscious, deliberate, and formal, and the unconscious and incidental. Not more surely by what the student is told ought to be done, than by what she sees done daily, will her ideals in work be shaped.¹

The MGH more than met the recommendations as to hospital type and capacity, since it was a general hospital with 359 beds (459 including those in the Phillips House) and with an extremely active Out-Patient Department. The patients were usually acutely ill or recovering from serious illness. Experiences in gynecology, orthopedics, emergency ward, and operating room were utilized, and there was a ward for patients with skin diseases. When private patients were first admitted to the recently completed Phillips House in 1917, some students were assigned there in order to provide staffing. However, at that time the MGH lacked a sufficiently large pediatric service for good nursing education, had no maternity cases, excluded recognized contagious diseases, and operated a separate facility (McLean Hospital) for the mentally ill, to which a small number of students did affiliate. The adjacent Massachusetts Eye and Ear Infirmary afforded excellent experiences for the few students who affiliated there. The Social Service Department was an unusual and valuable adjunct to the basic training for the ten or twelve students each year who elected or were assigned to it. Outside of the Hospital, but utilized for several students, were the resources of the Instructive District Nursing Association of Boston.

The *Standard Curriculum* clearly stated the troublesome fact that “the special and somewhat intricate problems of education to which the training school must give constant time and attention [were] quite alien to the general purpose and usual activities of the hospital.”² It therefore recommended the establishment of a committee, appointed by a hospital’s trustees, to study the needs of a school as an educational institution, and to prepare a budget and secure funds from the hospital and other sources sufficient to maintain a school on a dignified and stable basis.

At the Massachusetts General Hospital, two such committees had of course been functioning since 1899. The Trustees’ Training School

Committee in 1917 was composed of the chairman, Dr. Henry P. Walcott, Francis Appleton, and Mrs. Nathaniel Thayer. The Advisory Committee, of which Dr. Walcott was also chairman and Mrs. Thayer a member, numbered twenty, including the secretary, Mrs. Grace W. Myers, the Director of the Hospital and the Superintendent of the Training School, three doctors from the visiting staff, and thirteen ladies from the community. Neither of the committees, however, operated exactly as the National League of Nursing Education suggested. For many years no budget for the School was prepared by anyone, so that obtaining funds was akin to asking a parent for money in lieu of having an allowance. Modest sums for quite usual school items had to be justified and requested from the Director of the Hospital, who quite probably had just sought money from the Trustees for some other department, so that the time was not ripe. In general, it was the ladies who kept the interests of the School in mind, but one gathers from the minutes of their meetings that the social and personal aspects of the students' life interested them most. They were not prepared, as a dean or teacher would have been, to offer suggestions about educational matters. The NLNE pointed out that an advisory committee would be strengthened by the addition of a professional educator, and such a person (Jane Mesick, dean of Simmons College) became a regular member of the MGH School's Advisory Committee within the next decade.

The recommendations regarding the students' life and work were the most difficult for all schools to follow, despite general agreement as to their desirability. For example, on an active service the *Standard Curriculum* recommended a ratio of one student to five patients on day assignment and a ratio of one to ten on night duty. Massachusetts General Hospital students were so used to more patients, any time of day or night, that they would have felt deprived by such ratios. When students are expected to carry impossible loads and do carry them, they become accepted as a norm. No one in the Training School administration betrayed dissatisfaction that such assignments were required, because morale must be sustained, relief was not possible, and they, too, were caught in the system.

The prevailing hours of duty had been deplored in the annual reports of the National League of Nursing Education since its founding in 1893, and the *Standard Curriculum* reiterated the fact that “long hours of work for students have been for a quarter of a century the greatest stumbling block to progress in Nursing. . . . An adequate body of instruction cannot be established by training schools unless at the same time a system of hours is arranged which permits the student to accomplish the required study satisfactorily and without detriment to health and spirit.”³ When, particularly after the preliminary term, the classes tended to be of limited interest, even inconsequential, and the ward work fascinating if overwhelming, respect and enthusiasm for formal learning dwindled. Given appropriate and adequate clinical teaching and supervision on the wards, this would have been less serious. In 1920 the hours of day duty at the MGH were reduced to 52 and night duty to 56 hours a week. Overtime was taken as a matter of course; one of the minor miracles was to be able to get off duty by 7:15 P.M. at the end of the day. Night duty was restricted to one month at a time so that the MGH students were spared the experience of students in some other hospitals who had four to six continuous months of it.

The chief problem, steadily increasing even before World War I, was the demand for more and more service from the nurses (students) as the doctors introduced new procedures and research. “The head of the training school,” the *Standard Curriculum* declared, “is frequently all that stands between the students and the urgent demands of the hospital for a larger service than can be safely required of them. Her vigilance, courage and sense of justice may be her sole protection against conditions of life and work which would render of little value the best quality of actual instruction which could be offered.”⁴ These members of the National League of Nursing Education knew from firsthand experience the threat to standards of patient care when young, inexperienced learners had to discover how to delete the refinements of nursing in order to supply the essentials of the treatments and hygiene. Perhaps the worst aspect of the whole situation was the silent conspiracy that existed among head nurses, students, and others to conceal this crucial dilemma.

Thus the help from teachers and head nurses that might have been given to guide students was withheld for many years. The discrepancy between what should be done and what the students found that they could do established a harmful double standard, a problem which has not yet been resolved by administrators, teachers, or students. Among the factors responsible for this dilemma was the unrestrained ordering of tests and treatments by doctors eager to make use of new methods. In keeping with the spirit of the times, no one in the Department of Nursing explained this to the students. The exigencies of wartime later forced some changes.

In addition to the heavy workload, dormitory conditions at the MGH School fell short of the NLNE's suggested standard. This called for a "house mother" or social director in charge of the students' home life; for single rooms where each student could have privacy and quiet (also ample closet space); and for the serving of meals in a setting conducive to enjoyment and relaxation. Night nurses were seen to need protection from disturbance both indoors and outdoors. Reception rooms for visitors were to be dignified, attractive, and homelike, and the atmosphere of the dormitory one of refinement. Less attention was paid to the qualifications of the women in charge of each dormitory. Often these were retired graduates, relatives of nurses, or other persons who were sometimes too old or too concerned with housekeeping and rules to dispense hospitality to guests or comfort to a tired, harried student. Though often kind, most of these women were incapable of promoting dormitory life on a more edifying plane.

The School had been notably successful in the preparation and caliber of its superintendents, teachers, and staff. (The term "faculty" was not in common use in schools of nursing, and rightly so since many members of the administrative and teaching staff spent much of their time on nursing service.) The *Standard Curriculum's* specifications for personnel in this group seem modest enough today: a superintendent of nurses, who was also principal of the school; one or more assistants and instructors, according to the size of hospital and school; graduate nurses in charge of all departments (medical, surgical, operating room, dis-

pensary, maternity, children's, etc.); a night superintendent, with graduate assistants as needed; a dietitian; and a carefully selected paid staff of lecturers in all the general medical and special subjects.

The MGH School by 1917 was well staffed with individuals whose preparation was comparable to that of nurses in similar positions in some of the other good schools. Among the six doctors who taught the general medical and special subjects were men who later became famous, such as Dr. Francis B. Rackemann, pioneer in the study of asthma. Both teachers and students were handicapped by poor facilities and equipment; neither the laboratories nor the library approached the adequate.

The *Standard Curriculum* proposed a schedule in which new classes would be admitted only in the fall and spring, and in which the three summer months would be free of classroom instruction in order to allow each student a month's vacation. With such a schedule, students could be rotated among the wards for a variety of educational experiences. This was the hardest change of all to bring about at the MGH because of variations in the size of classes entering four times a year, the schedule for affiliations, the plan for night duties, and the absence of a summer period set aside for vacations.

Essentially the same subjects recommended by the NLNE were taught at the MGH, though they were distributed differently among the terms. There were, to be sure, certain imbalances in instruction. The number of hours of nursing classes and ward practice in the preliminary term at the MGH far exceeded those offered in most schools. Procedures, however, were taught months in advance of the likelihood of their use instead of in related courses such as medical nursing and surgical nursing. The plan was designed that way because no one could say when a student might be called upon to carry out some procedure; yesterday's preclinical students were tomorrow's nurses, day and night. Correlation of theory and practice was still in the talking stage at the MGH, as at most schools.

In some areas the training offered at the MGH was unduly extensive, as in surgical nursing; this situation was a reflection of the imbalance between the numbers of medical and surgical patients prevailing in most general hospitals. The total number of class hours recommended by the

League for the three-year course was 585 to 595; the total hours taught in 1919 at the MGH was 805. The League also dared to suggest 10 hours of elementary psychology, a small step toward a broader view of the individual. Electives were available to relatively few MGH students. The *Standard Curriculum* gave such electives a larger share of time in the senior year.

The MGH School's admission standards compared well with the NLNE's guidelines, notably the minimum requirement of high school graduation and the age considered desirable for entering the training school, roughly from twenty to thirty years. Miss Parsons notes in her report for 1916 that the School was "blessed with an ample number of good applicants while other schools face shortages."⁵ Among the students who entered in 1917 were twelve with bachelor's degrees. The attrition rate had also dropped markedly, an improvement attributed by Miss Parsons to a rise in the caliber of applicants, as well as to an increase in the amount of teaching offered and in the quality of the curriculum.

The *Standard Curriculum* of 1917 touched only briefly on associations between hospital training schools and colleges or universities, although the subject had been discussed for years and several such liaisons had been established. The NLNE's Committee on Education had already discovered certain pitfalls in these arrangements. Nursing education was expected to benefit from such an association through the standards set by the university, among them the maintenance of a sound balance between the hours of theory and of practice. When, however, a plan consisted merely in having courses taught in the university's classrooms and laboratories, with no alteration in the hospital-based program, scant improvement resulted.

The advantages of a well-conceived plan, on the other hand, were exactly those that hospitals could not provide: teachers with the mastery of a subject and with vital associations with other experts, properly equipped classrooms and laboratories, libraries rich in cultural as well as practical resources, an atmosphere in which education was the major preoccupation, and a wholesome social life which provided opportunities to gain poise and presence as well as enjoyment. It was hoped

that better-qualified applicants would be attracted to Nursing if training took place in such a setting, and that these recruits would become the graduates so badly needed to fill teaching and executive positions in training schools and public health nursing. This ever-accelerating need for mature, educated women to provide leadership and to grasp the burgeoning opportunities in new fields was bound to focus the attention of the superintendents of nurses on university affiliations as the only avenue likely to be of help. Many doctors, however, and most of their patients were not concerned with the problem of preparing well-qualified leaders in nursing education. The general belief was that in most situations a nurse needed no more than common sense, good judgment, reliability, keen observation, and a pleasing personality.

Some physicians and patients were also inclined to criticize nurses, particularly some who accepted private duty, as being regrettably mercenary. Such critics ignored the fact that the nurse's uncertain and often intermittent employment made it imperative to earn and save for her future. The going rate (in Boston in the winter of 1920-1921, \$5 or \$6 for 24-hour duty)⁶ was hardly lavish recompense for spending a day and night with a very sick or demanding patient. In addition, critics may have been consciously or unconsciously applying an economic double standard in the employment of women. It was also objected that nurses sometimes refused to care for patients with contagious diseases. The explanation seems usually to have been a lack of training for this work, although the public assumed then as it does now that any graduate nurse should be able to provide any type of care needed. (To be sure, nurses themselves clung to the feminine image of the unspecialized, all-accomplished bedside nurse.)

A further objection was that not all nurses on private duty in homes were able to establish successful relationships with servants and members of the family, a delicate task for which their training or home background sometimes had afforded little preparation. And in the hospital, the private patient might find his special nurse uncongenial in tastes and experience. If he could not fully accept his nurse, his fears and frustrations were likely to find a focus in her. It was she who represented Nursing to him, so his criticism embraced all nurses. Often the root of the

dilemma lay in the lack of any sound economic program for a person's care during illness—an increasingly expensive experience for the middle-class patient as hospital care became more frequently prescribed. He certainly did not want to pay higher rates to “over-educated nurses,” a phrase he was likely to have learned from his doctor.

For a doctor and medical educator to speak out, indeed to assist in establishing a university school of Nursing, required courage. One who had this quality was Dr. Richard O. Beard, professor of physiology at the University of Minnesota. In 1909 Dr. Beard had addressed the fifteenth annual convention of the American Society of Superintendents of Training Schools on “The University Education of the Nurse.” He noted that state universities were adjusting to social change by offering more varied preparation for the diversity of vocations in an increasingly complex society. He called attention to a change in attitude among educators in some quarters, who were now identifying two fundamental purposes of education, to bring about “the highest and essentially symmetrical development of the physical, mental, and spiritual possibilities of the individual [and] the highest possible adaptation of the individual to the particular purposes to which he proposes to put his personal powers.”⁷ Dr. Beard believed that students of Nursing should be afforded these opportunities. A state university setting, while providing a sound education, might also solve the conundrum of economic support.

The school which was opened in 1909 at the University of Minnesota, the first *basic* program for the preparation of nurses in the United States to be associated with a university,⁸ had many advantages. Among the notable features was an admission requirement of graduation from a high school of recognized standing, with preferences given to women with a year or two of college in addition. A physical examination was also required of applicants. The program, however, had some defects. It began with a four-month term of preliminary instruction for which \$25 tuition was charged, the student providing her own maintenance. During this time the university classrooms and laboratories were used, but the term was crammed with instruction in the sciences, nursing, public health, English, and physical education, and the courses could not have been taught at the university level. After this term, the hours re-

quired daily for class attendance, study, and hospital service were limited to eight. (During the school's first decade hospital facilities were limited, as the university medical center was under construction at the same time.) The program was planned to extend over a period of three years.

The curriculum at Minnesota included public health nursing as well as the standard clinical courses. Both the training school and the hospital were located on the campus, and students in Nursing had the status of university students. Upon completion of the program they received the degree of "Graduate in Nursing," clearly something less than a true academic degree.

A novel feature of the plan called for the appointment of eight graduates of the school, selected by competitive examination, as salaried head nurses, with certain added requirements for postgraduate work in hospital economics and administration. This was a significant attempt to remedy a situation long prevalent in hospitals, in which unprepared head nurses had difficulty in working relationships with students who had a richer, broader background.

Other universities, particularly in the Midwest, followed the trail blazed by Minnesota and developed associations with hospital training schools. In 1920 the NLNE subcommittee on university schools of nursing attempted a survey of twenty-three known schools. Louise Powell, director of the University of Minnesota school, was chairman and Helen Wood a member of this committee. They found a number of plans for organization and curriculum as well as a variety of systems for giving credit and granting degrees. Eight universities granted B.S. degrees for a course combining the arts and nursing. In others, the only connection between the two was the teaching of some science courses by university faculty. A nurse was not always the director of a school of nursing; in one situation a doctor and in another the head of the hospital held this post. In the East, progress was slower. By 1917, under Anna Maxwell's guidance, the Presbyterian Hospital school in New York had begun an association with Teachers College in which a five-year program was developed, the first two years being spent in liberal arts and science courses, the next two in the basic nursing courses, and the fifth year including special preparation in public health nursing or teaching.⁹

This emerging pattern was adopted in 1918 by Simmons College in Boston and in 1919 by the University of Minnesota.

One of Simmons College's earlier connections with Boston nursing schools had persisted in the association with the Children's Hospital school. Graduate nurses had also taken courses at Simmons. In 1918 Anne H. Strong, who had been in charge of the department of public health nursing at Teachers College, Columbia University, became the director of the new School of Public Health Nursing at Simmons, which was formed by coordinating the courses hitherto given separately by the college and by Boston's Instructive District Nursing Association. In September 1918, an affiliation was arranged with the MGH School of Nursing for a five-year program leading to a B.S. degree from Simmons, a diploma from the MGH, and, after students had passed their state board examinations, a certificate in public health nursing. Created during the acting superintendency of Helen Wood, this was the first full-fledged college or university connection established by a training school in New England. The plan was extended in 1921 to include the Children's Hospital and Peter Bent Brigham Hospital schools of nursing. Students now entered Simmons for two years of study, then received their medical and surgical instruction at either the MGH or the Brigham, their obstetrical nursing at the Boston Lying-In Hospital, and their pediatric nursing at Children's. In the fifth year, they returned to Simmons for more academic work and the course in public health nursing, which included experience and instruction with the Instructive District Nursing Association. The students selected one of the three hospital schools with which to be associated and from which to graduate.

In 1920, when the NLNE subcommittee on university schools of nursing reported, the chairman urged that at least an outline for a five-year university or college course be included in the revision of the *Standard Curriculum* which was planned for 1927. Dr. Beard, in a paper entitled "The Social, Economic, and Educational Status of the Nurse," spoke strongly the same year about the essential elements in a union between a university and a school of nursing.

It should be educationally complete. The university or college should assume the ownership and control of the school whether it owns or does not [own]

the hospital which serves as the laboratory of the school. It must guarantee the fitness of its graduates. . . . That loose order of affiliation which sometimes obtains, under which the university lends its name and reserves its responsibility for the school of nursing, is a mischievous mistake.¹⁰

Several conditions hindered the development of college or university programs for the education of students of Nursing. These included the need to raise substantial endowments; the conviction of many educators and doctors—and also some nurses—that Nursing did not warrant the education needed for a true profession; the lack of nurses with the personal attributes and education necessary to attain by diplomacy, persuasion, and force of character the ends sought; a dearth of interested well-qualified applicants; and resistance to the idea of the well-educated nurse on the part of persons in every community who might have been capable of supplying financial support. Yet during the 1920s, as the second half of the century under review began, these programs rapidly developed. The original pattern established at Teachers College in 1906 continued to provide graduate nurses with preparation for positions in nursing schools, for public health nursing, for hospital administration, and for work in the clinical specialties. In the last analysis, however, there were few programs, either graduate or undergraduate, that could have been said to approach a truly professional level; neither was built on a sufficiently strong educational base.

CHAPTER 10

The School's Progress

AFTER returning from France, Miss Parsons was granted a five-months' leave of absence. In October 1919, she resumed her duties as Superintendent of the Massachusetts General Hospital Training School. She resigned a year later, ending a decade of remarkable contributions to Nursing and nurses, to the MGH and to the School. During the eight years of her actual service at the Hospital, almost all of the foundations were laid upon which improvements in the School would be built for years to come. Every aspect of the program benefited to some degree. Miss Parsons understood what a school should provide for its students, and she had great insight into their individual needs beyond working and studying. Such insight had not been lacking in her predecessors, but social forces both within and outside Nursing enabled Miss Parsons to bring about changes that might have been impossible earlier. It is noteworthy that her major work had been accomplished before she left to serve in World War I.

What did she attain for the School? Where there had been no full-time teachers, two were appointed and a classroom for each provided. She did not secure a laboratory for science teaching, but the old Lodge was fitted up to serve as a cooking laboratory. Teaching equipment was gradually added. Scattered reference books were assembled to form the nucleus of a small library. The bedside clinics which had been a part of the course in medical nursing were introduced in the teaching of surgery, orthopedics, and pediatrics. The case method was introduced for instruction in private nursing. Graduate nurses were employed specifically for teaching students, for example in the operating room. Affiliations dropped earlier were re-instituted; new opportunities for special experiences were provided. The introduction of a three-months'

preliminary term allowed uniform instruction for all students, now required to have at least a high school education before entering the School. Tuition replaced the giving of an allowance. These examples reveal the needs and some of the progress made in one area.

Miss Parsons' philosophy was equally applicable to her staff and to the alumnae. Her cordial relationships with the graduates were a great asset to the School in promoting interest and loyal support as well as in rallying the alumnae to membership in their Association. She was a social being who enjoyed sustaining diverse friendships. She enjoyed combining the observation of progressive schools of nursing with reunions with alumnae and pleasant visits with friends in midwestern and eastern cities. During 1919 she shared, by means of "Open Letters" published in *The Quarterly Record*, the benefits of this opportunity "for re-creating my soul and spirit by a good draught of liberty, of observation in other fields of activity, and a glimpse of life from another angle of existence."¹

Miss Parsons found alumnae active and successful in varied nursing positions or happily married and usefully involved in community affairs. She was particularly interested in the new developments in university and outstanding hospital schools of nursing, especially one that had "a building devoted entirely to class and lecture rooms and their library . . . endowed and very complete in its equipment."²

Sara Parsons' own reasons for ending her work at the Hospital later in 1920 are not recorded. She was now in her late fifties and had been actively engaged in Nursing for most of the twenty-seven years since her graduation from the Boston Training School for Nurses. She had served in two wars. Her love for travel was realized first in 1900, and again in 1904 when she spent nearly two years abroad. After leaving the MGH, she held two positions and wrote a history of the School. Following her retirement in 1926, Miss Parsons, her sister, and her niece lived in France for two years. She then traveled extensively, and was prevented from going on a cruise around the world only by the outbreak of World War II.

During all the years until her death in 1949 at the age of eighty-five, Miss Parsons welcomed MGH graduates in her home or sought them out while on her travels. Sally Johnson, her successor, perhaps best ex-

pressed their high regard for her when she wrote that Sara Parsons "had a gift for bringing the best of human nature to the surface."³

While Miss Parsons was serving in France, Margaret Dieter (MGH 1916) sent her a Christmas card enclosing a poem she had written, verses that expressed the feelings of many alumnae toward their School. Later, the poem was set to music and became the School song. It was first sung at graduation exercises in 1922, and is still sung today at graduation and on other special occasions.

A Song for M.G.H.

Her ivied columns rise to meet
The glory of the Bulfinch dome,
Serene, unruffled, beautiful,
She waits to bid us welcome home.

From many lands, o'er many days,
We brought to her our restless youth,
And she with patience took us all
And set us in the way of truth.

Stern Teacher, kindly too, withal,
Who saw the faults we could not hide,
And building on our better selves,
She wrought results that shall abide.

What if she gave us arduous toil,
She taught us reverence for our work;
To ease the suffering, lighten pain
There is no task we dare to shirk.

Where life and death are side by side,
And creeds and races strangely blend,
To share these things from day to day
She helped us each to find a friend.

Oh, Gracious Guardian of our past,
Thy children rise to honor thee.
God bless and keep you, M.G.H.,
Secure through all the years to be.

III. SALLY JOHNSON: AN ERA BEGINS

1920-1932



Sally M. Johnson
1920-1946
Superintendent of Nurses
and Principal
of the Training School

CHAPTER 11

Sally Johnson Returns

ON October 1, 1920, Miss Sally Johnson (MGH 1910) returned to the MGH as Superintendent of the School of Nursing, a post she retained more than a quarter of a century. The position had become one of the most important at the Hospital, and she was unusually well-qualified to meet its demands. Miss Johnson had graduated from the New Britain, Conn., Normal School in 1898 and for nine years had taught the fifth grade in the public schools of Winsted, Conn. She loved the Connecticut countryside and the village where her maternal ancestors had lived for seven generations, and she had gleaned many a lesson from that microcosm, the country village. Her brother, who was eleven years older, had gone away to school when she was only eight. By then her mother had become something of an invalid, and Sally learned how to deal with loneliness. Her abiding love for her family gave special meaning to her life. Some poignant childhood experiences, revealed years later, may help account for her insight about people and sympathy with their problems. She had been able to look squarely at the behavior of some of the villagers whose intellectual endowment was slight, whose morals were aberrant, or whose lives were being destroyed by drinking or in other ways. She always tried to understand rather than to judge.

Among the values esteemed by her conservative Yankee family were loyalty, integrity, and responsibility. To live by one's code and convictions was as accepted and as natural as breathing. There were no lax ways to self-respect. Love and affection were not on display, but kindness and neighborliness were evident when the need arose. She came to realize that Yankees did not reveal their sensitive responses to other people or to the beauties of sunsets and new green leaves, but beauty in

human character, in Nature, and in music had special meaning for her.

Red-haired and freckled-faced, as a small child she had learned self-reliance and self-discipline. She was quick to learn and shrewd in sizing up people and situations, but humble in assessing her own abilities. Long before she entered training, she achieved maturity and dignity. Her sense of humor and friendliness attracted others to her, and she valued her friends as they valued her.

Exactly why she chose to give up a successful career as a teacher and to become a nurse is not known; a cousin who was a doctor may have encouraged her. Whatever her reasons, she came to Boston and entered training at the MGH in 1907. A picture of Sally Johnson in her MGH student uniform shows a rather stocky young woman in her late twenties with a good profile and firmness of jaw. The twinkle in her blue eyes and her sensitive mouth are not revealed. Her classmate Mary Ella Chayer later recalled that on the August day when they arrived to enter training, it was Miss Annabella McCrae who escorted them from the Hospital's waiting room. Thirty-eight members of the class, including four graduates of the McLean Hospital Training School, finally assembled. For the first four weeks they received instruction in hospital housekeeping and nursing procedures, with plenty of ward experience. Then, in mid-September, the ten members of the class selected to attend Simmons College left for a four-months' term there. Sally Johnson and Mary Chayer were among the group who studied anatomy, physiology, chemistry, bacteriology, and household arts. While at Simmons the students lived in the vicinity of the College, and Miss Dolliver joined them for dinner fairly frequently, to provide presumably the only liaison with the School during this term. (The other members of their MGH class had to wait for the courses in medical nursing and surgical nursing to be taught by the doctors, to learn the modicum of basic science that they incorporated.)

Both Sally Johnson's classmates and the School officials soon became aware of her ability and good judgment, and she was given administrative experience early in her senior year. Evidently she had decided before graduation that she wanted to gain greater understanding of the mentally ill, because before she accepted any position she took a six-

months' postgraduate course at the McLean Hospital. She then became an instructor in practical nursing at St. Luke's Hospital in New Bedford, Mass. By November of 1912 she was in Boston again to become the instructor of practical nursing at the Peter Bent Brigham Hospital. In this first year of "the Brigham," Carrie M. Hall (MGH 1904) was busily organizing its nursing school and preparing for the nursing care to be given when this hospital officially opened in 1913. Here developed what was to be a lifelong association for Miss Johnson and Miss Hall. Another valued relationship that began at this time for Miss Johnson was that with Dr. Herbert B. Howard, the first superintendent of the Brigham, from whom she learned some of the essential principles of administration. In the summer of 1913 Miss Johnson was appointed assistant superintendent of nurses at the Brigham.

Miss Johnson moved to Albany, N.Y., in January 1917, to become superintendent of nurses and principal of the school of nursing at the Albany Hospital, where the wartime crisis soon added to the burden of her regular duties. She organized the nursing service of the American Red Cross Base Hospital of the Albany Hospital and was chosen to assist in the development of the Army School of Nursing at Walter Reed Hospital in Washington, D.C., for which she was granted a leave of absence from July 1, 1918, until the armistice. After her return to Albany she resumed her interest in the national nursing organizations and served on the legislative committee of the New York State Nurses' Association. Respected and liked by her professional associates and well known to key people in Boston hospital and nursing administrations, Sally Johnson was a natural choice for the superintendency of the MGHSN in 1920.

The first decade of her service was in many ways a transitional period in which old doors closed and new ones opened. Janus, the ancient Roman deity, might have been the symbol for the looking back and the peering ahead. Behind 1920 stretched all but one year of the MGH's first century. In this period, groundwork had been laid both in the United States and abroad for remarkable scientific progress in medicine, for the systematic education of nurses, for the public health movement, and for

medical social service—developments that brought tremendous benefits to the sick.

A few months before Miss Johnson began her long term as Superintendent, an anniversary of especial significance to the MGHSN was celebrated, the first of four important anniversaries observed by the Hospital during the next three years. On Valentine's Day, 1920, the School's Alumnae Association observed its twenty-fifth birthday, and even a blizzard failed to keep away 130 loyal graduates. Disappointment was great when the storm prevented Sophia Palmer (BTSN 1878), editor of the *American Journal of Nursing*, from traveling from Rochester, N.Y., to present her paper. (Miss Palmer died two months later.) Her classmate, Mary E. P. Davis, another of the pioneer national leaders in Nursing, did attend and was made an honorary member of the association.

The second and third of these anniversaries were celebrated together, on October 16, 1921. One hundred years earlier the Massachusetts General Hospital had admitted its first patient and the first clinical record of the Hospital was entered in the leatherbound ledger in Spencerian handwriting; and seventy-five years earlier, in the domed operating room of the Bulfinch, ether had been publicly administered for the first time in history. Dr. Henry P. Walcott, now President of the MGH Corporation, presided over the anniversary observances. He acknowledged the Boston community's generous support in the past and expressed his hope that it would continue for the present and the future. "One object of this meeting," he said, "is to set before you clearly what the activities of this hospital are, and what its needs of necessity must be."¹ He pointed out that the costs for a House patient had risen from a weekly rate of \$4.62 in 1832 to a *daily* cost of \$5.70 in 1921.

Two speakers followed his appeal. The first was Dr. Frederick C. Shattuck, Professor Emeritus, the Harvard Medical School, and a member of the MGH Board of Consultation. He noted that the Out-Patient Service had also been started on October 16, 1846, henceforth to be known as "Ether Day." He recalled the contributions to medicine made by famous physicians of the period, among them Walter Channing whose "Notes on Anaemia," published in 1843, described cases of what in 1921 could be recognized as pernicious anemia, though neither origin

nor cure was yet known. Dr. Shattuck also spoke of Oliver Wendell Holmes; Jacob Bigelow; Henry I. Bowditch, first chairman of the Massachusetts State Board of Health; James C. White, who pioneered in dermatology; Reginald Fitz, first pathologist at MGH; and Walter J. Dodd, who started his MGH career as assistant photographer and then served as roentgenologist until the unguarded use of X-rays caused his death in 1916. Last he named Richard C. Cabot, whose introduction of hospital social service Dr. Shattuck termed one of the three most conspicuous services rendered to humanity at MGH, the others being the introduction of anesthesia and the identification of appendicitis. He then enumerated the diseases that new knowledge had made preventable; fifty years earlier smallpox had been the only one. "Preventive medicine," he concluded, "is yet in its infancy, but its benefits, humanitarian and economic, are today incalculable."²

Dr. Harvey Cushing had been chosen to speak for the surgeons. His paper, entitled "The Personality of a Hospital,"³ has become a small classic. As eloquent a tribute to the MGH as may be found, it traced the relationship between the Harvard Medical School and the MGH and described in capsule form the history of surgery in the Hospital. But Dr. Cushing noted also that a hospital, like a person, is known not by its external trappings, but by "the character of the service it performs, the quality . . . of its work which enables it to establish and to maintain leadership." The distinctive character of a hospital, he continued, "that complex which we recognize as giving . . . its particular flavor, tone and color . . . represents the fusion of the countless personalities of all those who have worked for it or in it, no matter how lowly—of a nurse or house officer or orderly, no less than a trustee or superintendent or member of the staff." He reminisced about several colorful individuals in the Hospital community, and singled out one nurse, Miss McCrae, for the "unselfish hours" spent "for so many years in giving nurses the distinctive stamp of the MGH Training School." In his paper he captured the spirit and special essence of the Hospital, which have won the devotion of the hundreds who have served within its domain.

An anniversary important in the history of Nursing in the United States, and closely related to that of the MGH School, was observed on

October 31, 1922, when the training school for nurses at Boston's New England Hospital for Women and Children celebrated its fiftieth birthday. Present for the occasion was the almost legendary Linda Richards, then eighty-one, who in 1873 had been the first graduate of this first American nursing school. Since the Boston Training School for Nurses, predecessor of the MGHSN, had been Miss Richards' first "daughter-school," Sally Johnson was invited to represent the School. In her speech she reminded the audience that Linda Richards' executive ability, courage, skill, and insight had saved the Boston Training School from an early and ignominious death. In appreciation for Miss Richards' "rich contribution to the nursing world," she proffered greetings from the 1,500 BTSN and MGH graduates who were then actively engaged in Nursing on every continent.

The last in the series of celebrations held at MGH during this period was the fiftieth anniversary of the School, observed with an ambitious program held at the Hospital on October 15 and 16, 1923, the dates coinciding with the annual celebration of Ether Day. The events included lectures and clinics by physicians and surgeons, demonstrations of nursing procedures by the students, a pageant depicting highlights in the history of the School, festive teas, a meeting the first evening at the Old South Meeting House, and, the second evening, a banquet at the Hotel Brunswick.⁴ Nearly 250 graduates of all ages assembled for the celebration, coming from as far away as Florida and British Columbia. Two honorary members of the Alumnae Association, Linda Richards and Anna C. Maxwell, also attended. The Semicentennial was planned by Helen O. Potter (MGH 1909) with the able assistance of committee chairmen drawn from the School staff and the Alumnae Association. The MGH Trustees were represented on the program; the ladies of the Advisory Committee gave one of the teas; and the MGH House Officers Association provided a delightful surprise by sending to the nurses gathered at the banquet a huge spray of American Beauty roses, with their card of congratulation.

After the cheerful din of registration, the first day's program began with clinics in the OPD amphitheater, followed by tours of the Hospi-

tal or visits in small groups to the Ether Dome and to the Treadwell Library, where the graduates viewed the memorial tablet to seven of their number who died in service in World War I. (This had been presented by the Alumnae Association in 1920.) After a buffet luncheon in the nurses' dining room came a much-anticipated event, when Miss McCrae's pupils demonstrated nursing procedures in the OPD amphitheater. These included such tasks as making an "ether bed," getting a patient ready to go outdoors in a wheelchair, and preparing a hot wet pack as well as an explanation of the gastric analysis test. Next the graduates streamed across the Bulfinch lawn to the Old Lodge, which at that time was the School's diet laboratory, to see an exhibit of special diet trays. In the late afternoon the Alumnae tea in the New Home reception room, gay with autumn leaves and flowers, provided a good opportunity to visit and to hear brief reminiscences from graduates of classes ranging from 1880 to 1922. Some of the many telegrams and letters sent by graduates unable to attend were read aloud.

Well used to twelve-hour days, the graduate nurses, together with the student nurses, continued on to the evening program in the Old South Meeting House. They were pleased that the Chairman of the MGH Board of Trustees, George Wigglesworth, presided. After the invocation by Bishop William L. Lawrence, Miss Johnson gave the first speech, a succinct account of the history of the School from its beginnings in 1873 to 1923. She closed with an eloquent statement of what the School had meant to its more than 1,500 graduates: "She has not only put into their hands the ability to care for the sick . . . but she has given a large majority of her graduates a self-reliance, a resourcefulness, a sympathy, a charity, and an understanding of life which few possess."⁵

Dr. Winford Smith, director of the Johns Hopkins Hospital, gave the main address of the evening, "Training Schools and the Nursing Profession." He recalled that the founding of this School had been one of the first phases of a movement which, sweeping over the continent in a period of fifty years, had become of vital importance to society. He found "astonishing" the disfavor with which doctors had looked upon the early schools of Nursing and the continuing opposition by a large

element of the medical profession to each stage of the development of nursing education in America. In spite of opposition, the number of nursing schools had grown from 22 in 1883 to approximately 1,800 by 1923, their graduates numbering more than 150,000, with nearly 15,000 additional trained nurses graduating each year. Dr. Smith pointed out that for nurses with some special training there were now thirty different opportunities in fields undreamed of only a few decades ago. No longer, he said, was the training school looked upon as "purely or primarily utilitarian"; rather, it had come to be regarded as "an educational institution of vast importance."⁶ In praising achievements in Nursing, he noted that the MGH Training School for Nurses had "constantly been in the vanguard" and had "not infrequently set the stride,"⁷ developing leaders who held significant positions in administration, teaching, and public health.

Dr. Smith remarked on the tide of new hospitals and schools that had rushed in nearly to overwhelm efforts to improve nursing education and standards, and spoke of the bitter opposition to any changes that might endanger the supply of pupil nurses to hospitals. Despite gains and improvements, there remained the basic problem of how to improve the system of nursing education while meeting the ever-increasing need for nurses in hospitals, homes, and special fields such as public health. He discussed the recently published report of the Committee for the Study of Nursing Education (the Goldmark Report), and generally agreed with its findings. He suggested maintaining a balanced view of the existing diploma school system and of the university school of nursing, still in the trial stage, and commented, "I am afraid that there is still a tendency to assume [that the university school] is alone worthwhile, and that it is a panacea for all the ills of nursing education." He recognized the particular ability of the university school "to stimulate all types of schools to a higher and better educational standard"⁸ and to supply the able, prepared teachers then in such short supply, and he spoke warmly of the new school of nursing founded with Rockefeller support at Yale University. He then referred to the traditional rivalry between Yale and Harvard, and suggested that this might well "become

active” in a new area and result in the establishment of “a similar department” at Harvard.

I know of no place where conditions for the establishment of such a school are better, if as good. Here is a great university, a leading medical school and a group of hospitals, of which the Massachusetts General is one, which are unsurpassed in excellence. Undoubtedly, an organization could be effected here, embracing hospitals of all types, which, in effectiveness, it would be difficult to duplicate in any American city.

He hoped that such an opportunity would soon be offered. If not, his wish was that the MGH School might “soon be given an independent endowment which will enable its officers to develop its possibilities to the fullest extent.”⁹

The MGH School, Dr. Smith concluded, “with its splendid record of fifty years’ service, must and will maintain its prestige. . . . May the record of the next fifty years equal that of the past.”¹⁰ The program closed fittingly with the singing of Florence Nightingale’s favorite, “The Battle Hymn of the Republic.”

Tuesday morning was again devoted to clinics. An impressive feature of the medical clinic given by Dr. Richard C. Cabot and Dr. Paul D. White was a demonstration of the “electric stethoscope,” by means of which one could, at some distance away, “listen in” to the heartbeats of patients lying in their beds up on the wards. The surgical clinics concluded with observation of an operation in the Bigelow Amphitheater. After lunch Dr. Cabot spoke again, in the Moseley Rotunda, emphasizing the new opportunities in Nursing open to American women, especially in institutional, public health, and social service work.

Since the good weather lasted, the pageant, “The Bearers of the Lamp,” was held on the lawn in front of the Bulfinch Building. This production presented the history of the School in twelve scenes accompanied by a narration in verse, the cast being drawn from among the visiting doctors, interns, and graduate nurses. Anna C. Maxwell played herself in a scene teaching the probationers how to mop floors, a reflection of economic necessity in her years at MGH. In the final scene, the Chairman of the Endowment Fund Committee, Laura A. Wilson

(BTSN 1886), presented to the Chairman of the Hospital Trustees the sum of \$10,000 raised by the Alumnae Association, the culmination of a diligent three-year effort.¹¹

That evening more than 200 graduates and guests assembled at the Brunswick Hotel for the banquet, at which Carrie M. Hall (MGH 1904), superintendent of the Peter Bent Brigham Hospital School of Nursing, was toastmistress. Other speakers were Edith I. Cox (MGH 1909), president of the Alumnae Association, Annabella McCrae, Anna C. Maxwell, and Helen Wood. Last came a stirring tribute by Sally Johnson to each of her predecessors.

Then the celebration was over, but in the hearts and minds of the MGH graduates, feelings of renewal and comradeship would ease the weight of the work to which they now returned. Some of those who had been there would recall this anniversary when they attended the School's centenary in 1973.

When Miss Johnson became Superintendent of Nurses in 1920, the MGH had changed from a relatively uncomplicated institution to one of greater complexity, which had more needs and made more demands of its officers than ever before. The School had grown also. Merely to become acquainted with the key individuals was no small task. Fortunately, she found that no one at the School of Nursing was a stranger, either among the office staff or the instructors, the latter consisting of Annabella McCrae and Nellie X. Hawkinson. Two other nurses, contemporaries of Sally Johnson's, held important administrative positions at the MGH: Elspeth Campbell (McLean Hospital 1908, MGH 1909), who had become Supervisor of the Nursing Service of the OPD in 1918, and Alvira Stevens (MGH 1909), who had succeeded Pauline Dolliver in charge of the Phillips House with the title of Assistant to the Director of the Hospital. (As time went on, some of their juniors referred to Miss Campbell, Miss Stevens, and Miss Johnson as "The Three Musketeers" since they were so often seen together.)

Other MGH nurses were employed as "executive assistants" to Dr. Washburn in the MGH admitting office and in the Massachusetts Eye and Ear Infirmary. During the 1920s Helen O. Potter (MGH 1909) and

Dorothy Tarbox (MGH 1915) in turn occupied this position at “the Eye and Ear.” (Miss Tarbox began her association with the Eye and Ear Infirmary in 1927; she was later Director of Nurses there from 1947 until her retirement in 1955.)

As she went about the Hospital, Miss Johnson would have remembered Joseph Godsoe, Apothecary, and Eric Frankson, in charge of the Store, among others she had known in her student days. A recently created position (in 1919) was that of Dietitian of the General Hospital, to which Eva M. Hallman had been appointed, taking over the responsibility for food preparation from the Housekeeping Department under Mary E. Clark. (Dietitians employed previously had been concerned with special diets for patients and with the teaching of the student nurses.) In 1922 Katharine J. Donovan was appointed Head of Housekeeping. Thus these departments achieved separate identities. Social Service was another developing department, which had seen rapid growth since Ida M. Cannon had become Chief of Hospital Social Service at the MGH in 1914, and at the Eye and Ear Infirmary the following year. Miss Johnson knew of Miss Cannon’s sympathetic interest and her cooperation with the Training School in devising a valuable elective experience for seniors. During the twenty-five years that they were associates at the MGH, each admired the fine but different qualities and accomplishments of the other. (Miss Cannon retired in 1945.)

Beyond the immediate environs of the General, Miss Johnson had to renew her acquaintance with the other institutions in which students received instruction, such as the Boston Lying-In Hospital. Simmons College was larger, and was now offering instruction in public health nursing, so that there were new people to meet and new problems to deal with at Simmons and in the Instructive District Nursing Association as well. In this widening circle Miss Johnson found opportunities to make new friends and to learn how her colleagues were dealing with the vexing problems of Nursing—for instance, when she attended meetings of the State Nurses Association and the Massachusetts League of Nursing Education.

Students, Miss Johnson found in 1920, had more class hours in their first four months at the School than had been available in her entire

three years. Two full-time instructors taught the probationers their science and nursing courses. Furthermore, there were now some college graduates in each graduating class of about seventy students (twelve in 1920). Yet it was difficult to maintain standards because, to meet the increasing needs for nursing services, more students were being admitted. (As early as 1910, the increasing number of students had made it impossible for the doctors to continue their very good ward teaching with small groups of nurses, in which the needs of selected patients were considered.) Classroom teaching was more economical than ward teaching, but reduced both the focus on the individual patient and, gradually, the involvement of doctors and of head nurses as well, in the teaching of the students. Miss Johnson and other superintendents were realizing that renewed efforts should be made to provide the best possible teaching on the wards.

She was aware, too, of the continuing imbalances and gaps in clinical experiences. The MGH, like many hospitals, had far more surgical than medical patients, almost no patients with communicable diseases, and a very small pediatric department. Its mentally ill patients were at the McLean Hospital, and not all students could be spared for an affiliation there. Complicated planning was necessary to fit in even the one required affiliation, for obstetrical nursing, with all other courses and experiences.

Students continued to work twelve hours, day or night, in addition to the hours required for classes and study. Seniors were assigned to be head nurses on many wards. The facilities for recreation and social life were still extremely inadequate, though the need was greater in 1920 than in 1910 because most students were younger, entering usually at eighteen or nineteen instead of twenty-five or older. Although many improvements had been made, Miss Johnson met the same basic problems faced by her predecessors: how to improve the care of patients and how to provide better education and living conditions for the students.

The MGH nevertheless gave Sally Johnson the opportunity to utilize her considerable abilities in the place that, next to her home, she loved best. She was aware of the need to change the attitude of many people, at all levels from Trustee to house officer, toward Nursing and the edu-

cational program. Whatever her hopes, she must have known that two luxuries, liberal funds and ample personnel, were unlikely to be at her disposal. However, she understood that trees could be felled by a succession of bites by the axe: in her graduation report of 1925 she noted, "Each year this school takes a few more steps in the right direction."¹²

Miss Johnson's main business, of course, was at the MGH, where she was directly responsible to Dr. Washburn. In his absence, she might confer with his assistant, Dr. Nathaniel W. Faxon. She also came to know well the staff physicians who served on the School's Advisory Committee, and the chiefs of the services. Dr. James H. Means succeeded Dr. David L. Edsall as Chief of Medical Services in 1923; that year also Dr. Edward P. Richardson was appointed Chief of the Surgical Division. On down through the hierarchy were Chiefs of the East Medical and West Medical Services, East Surgical and West Surgical Services, Chiefs of specialties, residents, and various levels of house officers and medical students.

The doctors' views of the School's function and the nurse's role varied widely. All the doctors took it for granted that nursing students would care for the patients, everywhere except in the Phillips House, and that the head nurses and students would assist the medical and surgical staffs in various ways. Some doctors regarded the student as a learner seeking an education, to which they contributed generously. Others wanted a helper with some training, but did not expect her to have a basic education. Still others expected the student to have a sound knowledge of biological science and were disconcerted to find, when they needed to explain some test or treatment, that the student nurse could not understand because she lacked the necessary background. Miss Johnson had to deal with the resulting problems and conflicts.

One constant source of advice, moral support, and practical help, she found, was the Ladies Advisory Committee—a vital link between the School and the Hospital Trustees.

The Training School for Nurses, as it was still called when Miss Johnson became Superintendent, differed from other types of schools in several respects. It was managed as a department of the MGH, the Superinten-

dent of Nurses being directly responsible to the Director of the Hospital, who in turn was responsible to the Board of Trustees, who had complete financial control. Through Dr. Washburn, authority was delegated to Miss Johnson. It was her responsibility to provide the nursing service for the General Hospital and Out-Patient Department, and to direct the Training School, whose students (with the head nurses and supervisors) constituted the Hospital's nursing staff, but she had no direct official access to the Trustees.

To them, the Training School was primarily the source of nursing care for the patients. The responsibilities and interests of the Trustees were more closely related to institutional maintenance and development and to financial support than to problems of education. The efforts of Miss Johnson and her predecessors to improve the educational program of the School and to provide better living conditions and some social life for the students were looked upon as an effort to provide benefits for "the nurses," as the students were quite universally designated. Since the Trustees delegated authority to the Hospital's Director, many matters never reached their attention except perhaps in an annual report. If it became necessary to discuss with the Trustees a question relating to the School, Dr. Washburn, not Miss Johnson, was the person who presented it.

One useful link between the Trustees and Miss Johnson was their Training School Committee, composed of three members of the Board of Trustees. Its strength resided more in the person of its chairman, Mrs. Nathaniel Thayer, than in the fact of its existence. Mrs. Thayer gave Miss Johnson a direct line to the Trustees, and she was also chairman of the larger Advisory Committee to the School, which included among its members the three Trustees of the Trustees' Committee, plus Dr. Washburn, his assistant Dr. Faxon, and seven doctors from the MGH medical staff. Miss Johnson later recalled how "impartial, tactful, and experienced" Mrs. Thayer was as a presiding officer and with what sympathetic understanding she considered divergent points of view, even being able to remove much of the sting from the perennial conflicts between nursing education and nursing service.¹³

It was the subgroup called the Ladies Advisory Committee, however,

which functioned most consistently and gave the most attention to the School's needs. Its twelve members held regular monthly meetings, recorded faithfully in the minutes kept by Mrs. William W. Vaughan, who usually served as secretary. With Mrs. Thayer, Mrs. Vaughan provided continuity from the days of the Boston Training School. The other members also had close family or social connections with MGH Trustees or staff physicians; in the main they represented the social base of the Hospital's philanthropic support. For many years there was no term of office specified, and members often served for decades. They took a deep interest in the welfare of students and their progress in the School, in the caliber of the nursing care provided, and in the success of the graduates. Miss Johnson appreciated their support, but she realized that their attention needed to be channeled towards a greater interest in widening the breadth of the education offered by the School, a task made more difficult because the members shared a common experience and social background that differed from those of most of the students. To everyone on the committee, "the nurses" were in a separate category from their own daughters and nieces, who were destined for another life. Gradually, this view was somewhat leavened by the coming of new members. One alumna of the School, Mrs. Paul Jones (Edna Harrison, MGH 1910), joined the committee in 1922, and several women with a wider knowledge of educational philosophies and practices, such as Jane L. Mesick, the dean of Simmons College, and Frances Knapp, dean of freshmen and sophomores at Wellesley College, became members of the Advisory Committee in the late twenties.

The functions of the Ladies Committee were strictly advisory; their knowledge of the School and the way its graduates were accepted in the community made them useful interpreters. Miss Johnson prepared her topics for these meetings painstakingly and presented them with her characteristic vigor and humor. From her myriad concerns she sifted those items that were most significant and most urgent, and relevant to the kind of help this committee could give. She refrained from presenting topics that might start prolonged and unproductive discussion. The seeds were planted well before the time when she intended to focus the committee's full attention upon a topic, for she was a strategist. As she

became acquainted with the ways in which members reacted, she varied her approaches. When she did not succeed in gaining the understanding or conviction needed, she figured out where the trouble might lie and tried again at a more auspicious time. She was careful to listen to the opinions of committee members, for these might well reflect the views of a husband who was an MGH physician or a family friend who was an MGH Trustee. Often, too, the opinions of committee members, independently arrived at, provided a helpful slant different from her own.

Although Miss Dolliver and Miss Parsons had sought counsel from the committee about the discipline or possible dismissal of a student, Miss Johnson believed that these were matters for the School—in practice, for herself—to decide. However, she did remind the committee of the need for more and better prepared applicants, because, on the one hand, the committee's ability to interpret the School to the public was useful, and on the other, their recommendations to the MGH Trustees for shorter working hours, better housing, and improved curriculum helped make the School more attractive to prospective students. As the competition for good applicants increased, owing to the opening of new schools and improvements in established ones, Miss Johnson visited some of the schools herself and pointed out to the committee what aspects of them appealed to the young women who were entering Nursing.

The Peter Bent Brigham Hospital school, with which she herself had been associated, provided one comparison. Parents and students found the MGH a much harder school than the Brigham, not in a scholastic sense but because of the greater demands made on the students at MGH, because of the insufficient staff—at the MGH there sometimes would be only one nurse to take care of a ward, for several hours. Moreover, at the Brigham it was easier for the students to take the public health course offered by Simmons College (about a third of the Brigham students had this affiliation as compared with about a tenth of those at the MGH). The educational program at the Presbyterian Hospital's school in New York included many desirable features still lacking at the MGH; for instance, evening classes were a continuing burden to the overworked MGH student. "In the next year," Miss Johnson said in May

1924, "no matter what happens, we must get rid of evening classes."¹⁴ She was still trying to lighten the load for students on duty by increasing the number of ward helpers. The Ladies Advisory Committee supported her in this effort, but the Trustees pointed out that money was involved: the annual cost to the Hospital of one ward helper was \$600, compared with an estimated outlay of only \$118 for one student nurse. Eventually, not only ward helpers but ward secretaries were employed, but the effort involved in effecting the change had been great.

The committee could not fail to be impressed by Miss Johnson's tenacity. As early as February 1921, she sought such labor-saving devices as ward beds with adjustable head-rests, sterilizers, signal systems for patients, bedside curtains for each unit, and a telephone on the head nurse's desk, to name a few. From one to four or five years, in some cases as long as ten, elapsed before some of these recommendations were adopted.

Miss Johnson brought to the committee's attention the well-rounded program at the new Yale School of Nursing, where the students were able to have two hours a week of physical training and generally were on duty only six hours a day. She was much concerned about the absence of social life and recreation at the MGHSN, where facilities were lacking and students in any case were worn out after adding classes and study to a twelve-hour day's work. She recognized that such an unwholesome imbalance could diminish morale and produce one-sided graduates whose limitations, which could make them dull company to their patients and associates, might constitute a lifelong personal and professional handicap.

Certain requests from the students, which came to Miss Johnson through the Student Government Association, were presented to the Ladies Advisory Committee for consideration. In 1922 students wished to have "bobbed hair." There was some discussion of the position of the cap on the head if the hair was short, and the members agreed to back Miss Johnson's efforts to keep the cap properly placed. The ban against bobbed hair, however, was not lifted until October 1925. Cigarette smoking was another issue that came before the committee. By 1923 it was reported that the training school at New York's Presbyterian Hos-

pital permitted smoking in bedrooms and sitting rooms. The discussion continued in a series of meetings. In December Miss Johnson spoke against smoking, and according to the minutes "it was practically agreed that smoking was one of the things that a nurse must sacrifice."¹⁵ But in January 1924 the Student Government Association broached the subject again and promised to police smoking effectively. Miss Johnson admitted defeat: "There evidently was no question about the advisability of its being allowed in the School," she reported.¹⁶

The 1920s brought to the committee's attention such changes in dress and manners as well as broader social concerns. Miss Johnson was active in the National League of Nursing Education, and attendance at meetings and conventions kept her well informed about current trends. The Advisory Committee might still be concerned about satisfactory preparation for private duty nursing, but Miss Johnson knew that nursing schools were being confronted with the need to prepare students for the broader functions of Nursing that stemmed from the public health movement. It could not have been easy for Miss Johnson to guide the thinking of the committee beyond "our nurses, our School, our Hospital," where its focus had been for so long. The narrow, single-purpose course of study had not included instruction in health maintenance, the prevention of illness, or the social or psychological factors associated with illness, and it had given little attention to the many health care agencies that had developed locally and nationally outside the hospitals.

The late twenties brought the end of an era for the committee and the School, when Mrs. Nathaniel Thayer resigned from the Ladies Advisory Committee. She had been an active friend of the School since 1887 and, in the minds of faculty and students, had come to be associated mainly with the graduation exercises, where her patrician grace and dignity made a lasting impression. Less well-known were the scholarships she gave for student nurses and her other gifts to the School. Students did not dream that this gracious lady did more than any other one person in the period 1917-1934 to make the School's progress possible and to support the superintendents of nurses in their arduous tasks. She continued to serve as a Hospital Trustee until her death in 1934, at the

age of seventy-four. When Mrs. Thayer died, the School lost one of its ablest advocates.

Another of the outstanding friends of the Training School and of the MGH, Ellen Parkman Vaughan, resigned in 1931 from the Advisory Committee to the School and from the Ladies Visiting Committee of the Hospital, because of declining health. As she ended her many years of service, Mrs. Vaughan presented to the School the statuette of Florence Nightingale given to Mrs. Vaughan's mother nearly sixty years earlier by Miss Nightingale herself. This symbol of the commitment of women in her family to women in the Nursing profession stands today in the School's Palmer-Davis Library.

CHAPTER 12

New Buildings and New Procedures at the Hospital

THE Trustees and the Director of the Massachusetts General Hospital began the second century by actively planning extensive alterations in old facilities and the building of new ones, larger in scale than ever before and incorporating almost revolutionary new concepts of hospital care. As plans proceeded over a decade or more, from the discussion through the fund raising to the building stage, the MGH began the slow transformation into the shape it has today. In the course of these changes, the gray granite Bulfinch Building, which as the Hospital's central facility had dominated the scene for a hundred years, was gradually surrounded and eventually almost hidden by the new tall buildings of brick, steel, and concrete.

In the early 1920s, however, today's high-rise Hospital was still some years in the future. The immediate opportunity was for a rearrangement of space in the Bulfinch Building. When the Moseley Memorial Building had been completed in 1916, the administrative offices of the Hospital and the Training School had been moved from the Bulfinch to the Moseley. The main entrance to the Hospital had also been moved from the east end of the Bulfinch, on Blossom Street, to the Moseley's doors on Fruit Street, an entrance that served the hundreds of people who daily had business at the Hospital. These included the visitors, for whom a waiting area in the Moseley Rotunda was provided. In this same area the graduation exercises of the Training School were held for many years.

The Treadwell Library (medical) had been removed from the second floor of the Bulfinch to the second floor of the Moseley, a shift that af-

forded not only more spacious and attractive quarters but also more room for storing the hospital records. Mrs. Grace W. Myers, the Treadwell librarian, was responsible for the House (in-patient) records. (She also served as secretary to the Advisory Committee of the Training School.) Hospital records were not centralized until 1927, when Mrs. Genevieve H. Chase was placed in charge of an expanded record room in the OPD, where House and Out-Patient records were combined.

After other adjustments, in 1924 it became possible to start remodeling the east wing of the Bulfinch, and adding on an ell in the rear. On the first floor, space was provided for a 10-bed research unit (Ward 4); an elevator was installed, running from the ground to the level of the Ether Dome, and on the two main floors laboratories were provided for the house officers (interns), as well as isolation and examining rooms. Of great benefit to the nurses were the enlarged service rooms, which replaced the barbaric congested areas used for years. Fireproofing increased everyone's safety.

The installation of the elevator made it possible to take bed patients, whose cases were medically significant, to the Ether Dome amphitheater for presentation at grand rounds, a teaching-learning situation for physicians and others. More popular with both patients and nurses was the elevator trip down from the wards to the fresh air and sun on the terrace in front of the Bulfinch. The medicine nurse would take the necessary medications outside. A lovely day, when the nearby magnolias were in bloom and the chestnut tree's "candles" had appeared, created an especially happy mood, and patients and student nurses relaxed a bit to enjoy a camaraderie unknown inside. Senior physicians on the medical staff smiled as they passed, perhaps on their way to the new offices of the medical staff and the Chief of the Medical Services in the Bulfinch.

In 1925, the Trustees decided to complete the remodeling and fireproofing of the Bulfinch by alterations to the west wing. Windows cut in the old foundation wall made it possible to put the basement to new use, and the Warren Library for patients was given an attractive room there. Towers at the rear of the building provided a fourth floor and service rooms for the surgical wards (23 and 29). The children's wards,

located centrally on the second and third floors, were enlarged to accommodate forty-one patients, and a ward kitchen and service rooms were added. On the first floor two wards (22 and 26) of 12 beds each were created for the neurological and neurosurgical services. These changes increased the accommodations for patients from 191 to 240 beds. During construction, the patients had to be cared for in temporary wards set up in dark and dismal basement quarters. The crash of an enamel basin falling to the cement floor there, just as the evening nurse had everyone ready for sleep, was a calamitous event, arousing patients to a consciousness of new needs, which meant a round of fresh requests to the harried student.

In 1922 Dr. Washburn, in his report as Director, had listed the major long-range needs of the Hospital, including additional endowment and new buildings. The first of these to be realized was the connecting building erected in 1927 between the MGH Out-Patient Department and the Massachusetts Eye and Ear Infirmary, when the out-patient departments of the two institutions were consolidated. The two hospitals had been strengthening ties for some years. In 1915 the positions of Dr. Washburn and of Ida B. Cannon, Chief of Social Service at the MGH, had been extended to include the Eye and Ear Infirmary, and Sally Johnson had been made Superintendent of Nurses there in 1923, three years after her appointment to the same position at the MGH. The connecting building, together with extensive remodeling of the MGH Out-Patient Building, now about twenty-five years old, provided much-needed additional space for offices, departments, and clinics, as well as a new admitting area directly off Fruit Street for all out-patients, and an elevator to take them to clinics upstairs. Services and patients had multiplied many times since the establishment of the OPD in 1903. (The opening of the Charles Street station on the metropolitan transit system in 1931 greatly facilitated access to the Hospital, and by 1935 Dr. Washburn recorded that the OPD had “nearly 1000 visits per clinic day.”)¹

Many changes were taking place, too, in the quarters provided for the Nursing School. One of the most welcome concerned student housing: a fifth floor was added to the New Home (Walcott House) in 1923.

With this space available, nurses no longer had to live at numbers 3, 5, and 7 North Grove Street, which had been taken over for housing during World War I, or at the Phillips House. At the same time, improvements were made in the Thayer House, now forty years old: better heating (a radiator in every room) and plumbing (more bathrooms). Probationers still lived in the houses owned by the Hospital at 90 and 92 Charles Street; these had been somewhat truncated in 1922 when the City of Boston widened the street, taking their tiny front yards as well as a slice of their front rooms.

In 1924–1925, Cambridge Street was widened to become a main thoroughfare to Bowdoin and Scollay squares. At this time the old lodging house on the northwest corner of Cambridge and North Grove streets was moved back, and was later remodeled to house forty nurses. Downstairs in this building was located for decades an institution dear to the hearts of MGH students: Minichiello's store, where fruit, ice cream, candy, papers, magazines, and various supplies were sold by Mr. and Mrs. Minichiello, with the assistance of a regularly enlarged family. Mrs. "Mini" had beautiful black hair, elegantly dressed, in some contrast to her worn sweater. She was not held in such high regard as Mr. Mini, who recognized the good in human beings as expertly as in his carefully selected fruit. He took an interest in the student nurses, even on occasion suggesting that they adopt the careful Italian code of behavior he imposed on his well-guarded young daughters. As others whom the student nurses had known moved away from the Hospital, the Minis came to seem a kind of anchor, and graduates on return visits would drop into the store to make a small purchase as they greeted the Minis, parents and children.

An event that brought joy to the School's science teachers occurred in 1926 when the Hospital's old chemistry laboratory was remodeled to become a well-equipped nurses' science laboratory. Until this time, laboratory space had been available only on sufferance from the Hospital's chemistry department. This added space made possible vast improvements in the teaching of anatomy and physiology, chemistry, and bacteriology. The fact that the science teachers' office and classrooms were at the opposite side of the Hospital grounds was seen as an insig-

nificant drawback. No one classroom at the MGHSN was adjacent to another. The ten-minute interval between classes was occupied by traversing hospital corridors at the MGH pace, a mode of ambulation designed to move the body in dignity at a very fast rate.

In her report covering the year 1926, Miss Johnson called attention to the fact that a lack of housing and classroom accommodations made it impossible to admit more than fifty students in February and seventy in September. This was a time when there were increasing numbers of patients to care for and the School had achieved a substantial waiting list of applicants. More dormitory rooms and classrooms were therefore an imperative need. That year the Hospital secured housing for twenty-eight students in a section of the Mumford House, a remodeled dwelling at the corner of Charles and Cambridge streets, and the enrollment rose. When the Baker Memorial was opened in 1930, the students from Mumford House were moved there. This pattern—increasing the size of the School as the Hospital's needs grew—continued for many years.

Graduate nurses associated with the School or the Hospital had rooms in some of the nurses' homes. Many of them were in the New Home (Walcott House), where Miss Johnson, members of the Training School Office, and some instructors lived. The rooms were small, few had a sitting room in addition to the bedroom, and a private bathroom was a rarity. As the staff at the Phillips House grew, it became necessary for the Hospital to rehabilitate a tenement adjacent to the New Home, to house them.

When graduates of this era return to visit nowadays, they find it hard to visualize the buildings and streets as they were in the twenties. The underground passage (subway) from the Hospital to the New Home was built because busy traffic thronged Fruit Street from Charles Street to Blossom Street. Where concrete parking buildings now stand, between Parkman and Cambridge streets, stood a mixture of tenements, hospital-owned structures, and municipal buildings, including stables, a fire station, and a city morgue. Any nurse who lived in the New Home will be able to recall the sounds from North Grove Street, particularly during the hot summer nights when sustained sleep was difficult. Some-

time past midnight the fire engine would clang out to Cambridge Street. Seemingly less than an hour later (actually about dawn) the Boston sanitation carts rumbled forth from the city stable, the clomp of horses' shoes on the Parkman Street cobblestones accented by the grinding and squeaking of the iron-rimmed wheels. Finally the noise from this procession faded away. The next interruption, one's alarm clock, ended the night's symphony. These sounds and surroundings were a part of Boston, the MGH, and the School that many graduates of this period remember well.

One of the major events of the decade was the completion of the Baker Memorial Hospital, an entirely new experiment in the delivery of medical care to patients of moderate means.

For more than a century, the general hospital in urban centers of the United States had been almost wholly a charitable institution, maintained by gifts and endowments, where the medical staff donated their services. Its purpose had been to provide medical care for the sick poor, without charge or for such small fees as they were able to pay. As a kind of recompense, the patients served as clinical material for medical education. Medical students could observe cases under the tutelage of staff physicians, and as time passed much of the care was provided by newly graduated doctors, as interns and then as residents, who thus gained experience before embarking on private practice. The student nurses needed to assist the medical staff also got their training on the wards.

Throughout most of the nineteenth century, when persons other than the indigent, whether in moderate circumstances or well-to-do, were seriously ill, they were cared for at home by their private physicians and convalesced under the care of a relative or a private-duty nurse. (Before the discoveries of modern bacteriology they were probably better off at home and certainly believed themselves to be.) From the 1890s on, at least in the cities, a middle-class person who needed surgery usually entered a small private community hospital, where facilities were fairly adequate and charges moderate.

By about 1910, however, medical science and technology had become so far advanced that the poor in the research-oriented general hos-

pital, with its laboratories and X-ray equipment, were receiving better diagnosis and therapy than citizens who lived at a higher social and economic level. Clearly such care, whether surgical or medical, should be available to the whole community. There was need for a new kind of environment in the general hospital, consistent with the middle- or upper-middle-class way of life, and for new administrative policies that would make such an environment financially feasible.

For the well-to-do the problem was not difficult. The solution was to build a special unit (at first often called a private ward). Here the patient was cared for in an attractive private room; he paid the entire cost of the hospital stay, plus the fee of his private physician, who was a member of the hospital staff. The Roosevelt, St. Luke's, and other hospitals in New York City, and the Johns Hopkins University Hospital in Baltimore, had preceded the MGH in introducing a private ward, and Dr. Washburn had studied their administration before the MGH built the Phillips House in 1917. The Phillips House had high-ceilinged rooms (many with fireplaces), generously proportioned as in the better homes of the period, and its own food services. The nursing care was excellent; patients employed special nurses as needed or desired for individualized care, and there were some graduate staff nurses on each floor, as well as students. Not surprisingly, the Phillips House was well patronized and enjoyed immediate success among the affluent. The income from charges to patients included a return that justified the Trustees' investment in the building, and an incidental benefit accrued to the Hospital: the arousal of new interest in its work among a group of people capable of adding to its financial resources.

To provide first-rate hospital care for people of modest means, and to have such a venture pay for itself, were far more complex problems. Financial planning of a new and more sophisticated type was required, in addition to a very large initial outlay. More than anyone else, it was Dr. Washburn who, as early as 1910, had recognized the need for a new kind of institution to deliver this care, and who convinced first the Trustees and staff and then the general public of this need.

After World War I, planning for the building that later became the Baker Memorial grew more specific. A new and very large structure

would be required to house the considerable number of patients expected from this middle-income group. With a large number of patients (200 or more), the per capita cost could be kept down to the level of the middle-income pocketbook, provided certain conditions could be met. The Hospital must receive the building as a gift; the physician's fee (to be collected by the Hospital) should be kept to a maximum level of \$150; and the quality and amount of nursing care should be sufficient to save the patients the cost of employing special nurses except in rare cases.

Dr. Washburn used every appropriate opportunity to present the outlines of the plan to the public. His task was made easier by the increased public interest in health matters during the postwar years, which was reflected in the concern of health groups, lay people, and leaders in Medicine and Nursing. The idea of a hospital for middle-income families began to interest potential benefactors. In 1924 Dr. Washburn was able to announce the Richardson bequest of \$1,000,000 from Mary Rich Richardson towards constructing such a building, in memory of her parents, Ellen M. Baker and Richard Baker, Jr. This was the largest single gift made to the MGH, up to that time. Four more years were required to secure the additional \$900,000 needed to construct a building of sufficient size. Late in 1928, the patients in Wards C and D were moved to temporary quarters, and wrecking began in the front yard area of the Thayer House to make room for the new building. In 1929, after construction had begun, the Julius Rosenwald Fund pledged aid in meeting the operating deficit that was expected during the first few years, when the number of patients would be relatively small.

When completed and opened in 1930 the Baker Memorial had potential space for 320 patients. (There were 109 beds in the Phillips House and 420 in the wards.) The Baker had its own X-ray equipment, operating rooms, obstetrical division, and dietary service. The typical floor housed 37 patients in single and semiprivate rooms. (For some years unused floors were given over to displaced patients from Wards C and D and to housing for nurses and doctors.)

The Baker Memorial had its own administrative staff, headed by Dr.

W. Franklin Wood as Dr. Washburn's Assistant Director for this facility. Miss Johnson had assembled the nucleus of a nursing staff. Her assistant was Gertrude M. Gates (MGH 1923). Other appointments included Anna G. Griffin (MGH 1910) in the Baker Training School Office; Eleanore Richardson (MGH 1921), supervisor of the operating rooms; Louise Mowbray (MGH 1922), supervisor of the obstetrical division; Emma Everett (MGH 1921), night supervisor; and Wenona Abbott (MGH 1930), assistant night supervisor. MGH nurses and graduates of other schools held positions in the Admitting Office, as head nurses or assistants, and on general or floor duty assignments.

As has been indicated, one of the basic elements in the Baker plan was a concept of nursing service of such high quality as to eliminate the need and expense of special nurses. Such an invitation to raise standards must have been welcomed by Miss Johnson and the School staff, since it meant that in the Baker, at least, the heavy load of nursing care borne by students would be lightened, and better supervision would be given to their work, much to their educational advantage. The moderate fees paid by Baker patients permitted the employment of more graduate nurses, and various aides were hired to relieve the nurses of extraneous duties. For instance, each Baker floor had a head nurse, an assistant head nurse, and graduate staff nurses, as well as student nurses, and, in addition, a ward secretary, a ward helper, orderlies, and maids.

Students were still an important part of the Nursing Service; several years before the Baker opened, Miss Johnson had faced the need to increase the numbers of students admitted to the School so that they would be able to help staff the Baker. In 1929 a class of 128 students was admitted, the largest up to that time. In her graduation report for that year, Miss Johnson referred to the findings of the Committee on the Grading of Nursing Schools, published in a book entitled *Nurses, Patients, and Pocketbooks* just the year before (see Chapter 14). The Grading Committee had identified problems of "over-production" and unemployment of nurses, and Miss Johnson acknowledged that there had to be good reasons for enlarging a school at this time. "We are justified," she said, "if we see to it that these young women are provided with a preparation for nursing second to none," preparation "of such quality

as to give them more than a fair chance in the competition of the nursing field." Significantly, she added, "Such has been the growth of nursing education in the last twenty years that ours is now one of the two dozen excellent schools, and no longer one of a half dozen leading schools."²

The students' experience in the Baker Memorial was valuable for several reasons, which Miss Johnson specified in her reports at graduation. "First," she said in 1931, "it presents for nursing care a type of patient which has been in the General Hospital only in limited numbers, and second, the nursing personnel there is sufficient to give the student nurses adequate time to practice the kind of nursing technique which is taught in the classroom."³ In 1933 she emphasized again that "in the Baker Memorial there continues to be a demonstration of a situation wherein good nursing care and sound nursing education are proceeding side by side. There are graduate floor duty nurses on every floor and their schedule is so arranged that they are on duty when the student nurses are off to class."⁴ Equally important, she continued, was the fact that there were enough nurses in the Baker to allow proper supervision of students, so that the novice, instead of practicing a procedure incorrectly, as had too often been the case in the past, learned it by repeated correct performance.

Through the hard years of the Depression, the Baker Memorial proved to be a haven for patients, and provided work for many graduate nurses as well as a valuable field of experience for student nurses. There were the problems always encountered in launching a new experiment, but the Nursing Service was judged to be an outstanding success. When the noted public health specialist Dr. Haven Emerson, at the request of the MGH Trustees, made a study of the Baker's first ten years (published by the Commonwealth Fund in 1941), he found that some 94 per cent of the former Baker patients who answered his questionnaire expressed "entire and unqualified satisfaction with the nursing services under all conditions."⁵

The change-over from old to new practices in Medicine and Nursing is constant rather than abrupt. In the 1920s, many diagnostic and thera-

peutic measures were introduced at the Hospital, and some hoary nursing procedures abandoned. The accelerating gains in medical science were soon applied in the clinical setting; there could be nothing static about the course in the principles and practice of nursing, as the students were continually involved in the application of new tests and treatments at the Hospital.

Accounts of the introduction of some of these measures at the MGH can be found among the recollections of the "medical house pupils" mentioned in Dr. Washburn's history.⁶ Dr. William B. Castle (E.M. 1923)⁷ recalled that, while he was an intern, blood determinations were limited to nonprotein nitrogen, glucose, urea, uric acid, and creatinin; that the Tallquist scale (a colored paper device) was still used for hemoglobin determinations; that iron, such as in Bland's pills, was not yet very generally used for anemia, nor had liver therapy been introduced for patients with pernicious anemia. As late as Dr. Castle's fourth year as a medical student, patients with pernicious anemia were dying; by the end of his internship in 1923, the new liver therapy was saving their lives. By 1926, student nurses assigned to the diet kitchen were whipping pounds of raw liver in a blender, deeply sympathizing with those uncomplaining patients who had to swallow the liver only slightly disguised by orange juice. The role of nutrition in preventing disease, however, was not yet fully appreciated: one patient with a peptic ulcer was discharged and sent home on a Sippy (milk and cream) diet to which he adhered faithfully for some months; he re-entered the MGH with scurvy. Dr. Howard B. Sprague (E.M. 1924) agreed with Dr. Castle that the most important therapy introduced during his internship was the use of insulin, which had been isolated by Banting and Best in 1922. Dr. Sprague recalled the dramatically beneficial results when Dr. Arlie V. Bock (W.M. 1917)⁸ gave insulin to a girl in diabetic coma.

The technique of giving whole blood by transfusion underwent several changes in this period. The medical and surgical services were rivals in the process; the medical service used a multiple syringe method, whereas the surgical service utilized freshly paraffined Vincent tubes. For a time the medical group held the speed record, being able to introduce 500 c.c. of blood in four minutes. Before long, however, all pa-

tients who needed a transfusion were delivered to the surgical service, which continued the surer method of using Vincent tubes, "a clumsy but delightfully ritualistic proceeding"⁹ that no operating-room nurse was sorry to see abandoned later. In medical emergencies, as when a hemorrhage occurred from a gastric ulcer, a method was needed whereby the patient might receive blood even while he was being transported from the Bulfinch Building to the surgical amphitheater. Dr. Francis T. Hunter (W.M. 1926) recalled that he arranged the apparatus for the use of citrate transfusions about 1930. This method eventually replaced the Vincent tube method.

Meanwhile some old nursing procedures were being eliminated from the doctors' orders. During his internship Dr. Castle saw Miss McCrae give what was probably the last ward demonstration of a slush bath, to a typhoid patient. She continued to demonstrate this fearful procedure in the Thayer classroom, however, using some luckless student for a patient. The slush bath was intended to reduce a patient's high temperature by showering ice water from a grass sponge onto his skin.¹⁰ To help his circulation endure this assault, the nurse briskly frictioned the skin from shoulders to feet except over the abdomen; a hot-water bottle would be placed at his feet and an icecap on his head. One husky-looking probationer failed to respond to the briskest frictioning Miss McCrae could apply, and turned so blue that she was released to go to her room for a brief period of recuperation. Imagine the poor typhoid patient, in those days half-starved to protect his Peyer's patches, afflicted with such a treatment!

Another therapy utilized for the very ill was the administration of oxygen: usually a gauze-covered cardboard ether cone was placed over the patient's face, the tank of oxygen at the bedside provided the supply, or, much more rarely, a small rubber catheter was introduced into the patient's nasopharynx. Dr. John H. Fay (E.M. 1929) recalled that as late as 1929 the use of the oxygen tent was still in its infancy. "Used only on cases already in extremis . . . as a prognostic sign, a tent was then about as low in the scale as you could go."¹¹

To provide the dehydrated patient with fluids by other than the gastrointestinal routes, the hypodermoclysis was used for both medical and

surgical patients during the years before intravenous therapy became the method of choice. The nurse draped the patient and prepared his skin; the doctor brought the sterile flask of saline solution to the ward. The solution was emptied into a sterilized but open irrigating can. Large hollow needles attached to tubing from this can were inserted by the doctor into the patient's connective tissue, usually in the subpectoral region, sometimes in the thigh. Once the solution was flowing, it was the nurse's duty to note the hardness of the flesh area and to reduce the flow if the rate of absorption did not match the rate of inflow.

A few other procedures now long obsolete but used regularly in this decade were Benzoin inhalations, getting the patient into Fowler's position in an effort to induce gravity drainage of pus in the pelvic cavity, and the irrigation of wounds and infections such as osteomyelitis with Dakin's solution. The open ward on Ward F might be totally occupied by these last patients, so that the "Dakin's nurse" spent hours going from patient to patient irrigating multiple small tubes that projected from the dressings. Going out of use in the Hospital but still taught in the classroom were some other procedures, such as the making of the pungent oakum pad and mustard plasters. Flaxseed poultices survived for many years, their aroma informing the initiated of bodily distention or infection.

Some routine practices could have increased the danger of bacterial invasion even if they had been carried out precisely as taught. One of these was the method used for years to take the patient's temperature, a process that involved using one thermometer on a succession of patients. Four used thermometers were "disinfected" while four more were being utilized, and so around the ward. When an adequate time for chemical action was allowed and the thermometer was properly cleansed, it may have been safe; but it did not occur to anyone to test whether a bacterial culture could have been grown from the "clean" thermometer. Knowledge concerning the role of viruses in the etiology of disease had not yet reached the stage of application in nursing practices. Later, the time came when every patient had his own thermometer, and the news was printed in *The Quarterly Record*.

The only part of the patient's clinical record prepared by the nurse

was the graphic or "TPR" chart, on which vital signs—temperature, pulse, and respiration—and some other data were recorded. In 1922 an innovation occurred in the keeping of the entire clinical record. Originally, when the Hospital first opened in 1821, the data were inscribed in a bound ledger-type volume; if a patient were readmitted to the Hospital, the doctor had to find his record in the book and copy out the needed facts. (These volumes are today a part of the historical collections in the Treadwell Library.) In 1902¹² a new system had been instituted, in which the entries for the patient at each admission were made on separate sheets, which were later collected and bound into volumes. Then in 1922 came a still more efficient system: the House record of an individual patient, together with the records of any later admission, was assembled in a separate folder. Thus the doctor could have available on the ward the full story of the patient's hospital care, though his OPD record was not yet included. As the record system developed, useful background was made available to student nurses on the wards, and gradually attention was focused more closely on this resource.

The critical link between the patient's record and his program of care was the Doctor's Order Book, in whose pages the intern staff entered all orders for treatments and medications. The head nurse transferred these orders to medicine cards or to the treatment sheet. Several of these large sheets were kept on the head nurse's desk, where in the appropriate spaces the students checked off the various orders as they were carried out. Thus all the nurses could see, almost at a glance, what were the orders for each patient, and what had been done or remained to be done.

It was the rare head nurse who witnessed a treatment as it was being given, although the visibility on the open wards gave her some general cognizance of what was going on. Even this supervision was lessened when at long last the introduction of cubicle curtains gave the patients some privacy, previously provided only by the occasional use of portable screens. In the wards where there were single rooms, supervision of the actual caliber of nursing care was more difficult, and the rush of activity even more hectic. Generally the patients were aware of the heavy load carried by the students and the stress under which they worked, but only rarely did a patient reveal omissions in a nurse's care.

Thus, the record of completed orders was found on the treatment sheet; the veracity of the students was the chief assurance that all had been done. It was not the practice to keep nursing notes, but lists and other devices helped keep track of baths, medicines given, and TPRs taken.

However great their preoccupation with "getting the work done" before going off duty, MGH student nurses, like those in other great research and teaching centers, lived in the charged atmosphere of research, whose results might be applied to the solution of problems related to the care and cure of patients. The attention of doctors in medical schools and their associated hospitals was focused upon the phenomenal expansion of clinical-pathological findings and of discoveries in the etiology of disease. This interest far overshadowed any attention to the prevention of disease. That other world of public health, with its needs and endeavors, thus had to compete with an intense preoccupation to receive any attention. The attitudes and efforts of the clinical staff of course shaped the point of view of the student and graduate nurses, who were immersed in their supporting roles.

Inside the hospitals another great change had been taking place. Just as the doctors were no longer compelled to focus treatment on the patient's symptoms, so the nurses need no longer rely chiefly on the hygienic care and comfort they could give as the essential factor in the patient's recovery. In years past it had been conscientious nursing that prevented complications for both medical and surgical patients, nursing the more necessary because, before the days of early ambulation, patients were more vulnerable to pneumonia and the necrosis of tissues over bony prominences. Mouth care, back care, turning from side to side, and other positioning were crucial not only to the patient's comfort but even to his life. With antibiotics as yet unknown, the nurse carried a heavy responsibility, and often played a part at least equal to that of the doctor. The good private-duty nurse was indeed the doctor's right hand, and in the long hours between his visits she was his eyes and ears as well. Multiple changes soon to appear in medicine did much to erase this close relationship between the nurse and the doctor, which may exist today only in isolated instances. The doctor of the 1920s in

many ways stood halfway between the largely empirical practices of the past and a new, scientifically based care of patients.

When it is realized that medical science had taken off like a rocket, the efforts of nurse educators to get a few more hours of chemistry and physiology into the curriculum will be seen in perspective. Meanwhile, pressures from the public health field were reaching the heads of nursing schools, even though their response was slowed by the continuing need to provide doctors with assistance for their tests and supply the hospital with its nursing service. The superintendent of nurses was under great pressure, because she was indeed in the center of a triangle of forces.

CHAPTER 13

The School: Administration and Instruction

ANYONE in 1920 seeking information about the MGH School of Nursing could turn to a new publication: the School catalogue, or *Announcement*, as it was called. Appearing annually in a format that was to become increasingly attractive as its value was recognized, the *Announcement* replaced the Circular, which earlier had provided information for applicants. At the same time, the School's other publication, "The Annual Report of the Training School," which had contained the report delivered by the Superintendent of Nurses at graduation, the names of School officials, and a list of all graduates to date, came to an end. Thereafter the Superintendent's report and later a list of new graduates appeared annually in *The Quarterly Record*, and the names of all MGH graduates were assembled separately in a pamphlet that came to be known as the "Gray Book," after the color of the cover in the earlier editions.

The *Announcement's* list of School officials reflected the administrative framework of the School and that of the Nursing Service for which it was responsible. The officers listed in 1920 included the Superintendent of Nurses, Miss Johnson; the assistant superintendent, Sallie L. Mernin (MGH 1916); the office assistant, Nancy M. Fraser (MGH 1914); and six supervisors, whose responsibilities were primarily related to the provision of nursing service. (For many years anyone in the hierarchy who ranked above a head nurse but below a superintendent was called a supervisor. This category in 1920 included supervisors of the Out-Patient Department and the Surgical Building [Operating Rooms], and two day and two night supervisors for the medical and surgical wards.) Sixteen head nurses, all recent graduates, were also named; head nurses were on duty only in the daytime.

Under the heading of Training School Instructors (the term faculty had not yet been adopted), the *Announcement* again listed Miss Johnson and her assistant superintendent, together with Annabella McCrae, as instructor of nursing practice, and Nellie X. Hawkinson, as instructor of theory. In addition were two women from the Social Service Department, Ida M. Cannon, Chief of the Department, and Ruth T. Boretti, Head Worker, Ward Social Service, who between them gave eight hours of lectures to acquaint all students with the field. (The Social Service Department also provided an elective experience for a few senior students.) Another instructor was Ruth M. Dupee, who taught a course in massage from 1917 to 1937; Miss Dupee had previously been associated with the MGH's Zander Room, an embryonic physical therapy department. Four doctors who taught the courses in medical diseases, surgical diseases, and first aid completed the roster.

Anyone acquainted with the organization of a school or college but unfamiliar with that of a nursing school might have been confused in trying to understand how the work of the officers and instructors fitted together. The central offices of the School, located in the Moseley Building, provided headquarters for Miss Johnson and those concerned primarily with functions that today are thought of as nursing service. In the office next to Miss Johnson's were the assistant superintendent of nurses, the office assistant, and the two day supervisors. The night supervisor and her assistant used this room at both ends of the day. Each of these officers had some School functions because the Training School was the primary source of nursing service. One secretary completed the office staff. In 1920 the two full-time instructors were still located in dormitories, one in the Thayer and the other in the New Home, separated by the more central Hospital buildings. Neither of them had a proper office, and what little secretarial help was available came from the single secretary in the Moseley Building office.

In 1921 Clare Dennison (MGH 1918) succeeded Miss Mernin as assistant superintendent of nurses. The holder of this position had more to do with the School than an outsider might have suspected. Her most time-consuming function was assigning nurses to the wards and special areas. Patients had to receive care for twenty-four hours a day,

seven days a week. Nurses (that is, the students in the Training School) were also needed in the emergency ward, the operating room, the sterilizing room, the diet kitchen, the Out-Patient Department, and the X-ray Department. At the same time, the students had to meet the educational requirements laid down by state law and to study as many as possible of the subjects recommended by the NLNE (see Chapter 9). The assistant superintendent planned the affiliations from and to the MGH, and mapped out electives and senior experiences more than a year in advance. She had to keep track of each student's record, accounting for everyone's program. Even if no student had been ill, if no one had resigned or failed, if no leave of absence had been granted, and if every incoming affiliate had arrived as scheduled, this task would still have been formidable.

With the exception of a few elective or special assignments, a student had no part in planning her program. She was given very little advance notice that she was being assigned to night duty, a new ward, an affiliation, or even being given a vacation, so that students often had the feeling of being managed by a baggage dispatcher. To come off duty after a strenuous day only to find that she must pack up and leave for another dormitory or an affiliation was a challenge the student met in a variety of ways. The basement corridors leading from the Thayer to the New Home were sometimes utilized in the evening by students pushing stretchers laden with bureau drawers overflowing with personal belongings. The exodus of a flock of students from a dormitory, bound for an affiliation, was comparable to an arrival at Ellis Island, such was the array of baggage and unpacked items piled up in the lobby. Since the change involved students who were returning from an affiliation as well as those who would replace them, the shrieked greetings and general din were ear-piercing. Despite the number of moves students had to make during their three years, they were generally able to see the comical aspects and to hold their complaints to a level normal for student nurses.

Some kept a record of their progress through the School and therefore knew how many weeks had been spent on a particular ward, how short the interval between night duties had been, and in what sequence

the experiences had come. The wonder is that so few irregularities occurred. Miss Johnson later remarked that in the nine years that Miss Dennison had been responsible for the rotations, no student ever graduated with a single required assignment missing.

Miss Dennison's task would have been complex enough if she had had a private office, a secretary, and few interruptions. Instead, until the mid-twenties she had to work in the one place where everyone came to get her questions answered, where visitors dropped in, and alumnae came to purchase new caps. In addition, that delightful chatterbox Nancy Fraser, the office assistant, had her headquarters in the same office. Clare Dennison was not a robust person, and at the end of the day she usually retired to the relative peace of her room in the New Home and might not be seen until the morrow. She had resources for recharging her batteries, foremost among them her great love for reading. A gallant spirit and a very refined sense of humor kept her on an even keel. Except during vacations, there was not time for her to get home to Nova Scotia, and friends in Boston meant much to her.

Clare Dennison's "maturity, insight, and executive qualities" had been noted soon after she entered the MGH as a student in 1915. Later she was known for "an unusual capacity to appraise, accept, and act in a situation, wasting no time on regrets or excuses."¹ After graduation, she stayed on at the MGH as head nurse, then as supervisor, and then assistant superintendent of nurses. She and Miss Johnson worked together for nearly a decade, a period in which 597 student nurses graduated.

It was their loss that most of these students had few opportunities to know Miss Dennison. Occasionally she relieved someone in the Training School Office and made the late afternoon ward rounds to take the day report. When the word that she was coming preceded her, there would be a scramble among the students to make sure that one of them memorized the vital statistics of the ward, so that she could recite them. (Students were supposed to have an overall picture of the patient situation.) "Denny" had a sixth sense that enabled her to waylay a hapless student just returned from class who had hoped to conceal herself and her ignorance in the linen closet. Even if she stood beside the head nurse's desk, the student had no opportunity even to glance at the spin-

dled report, for “Denny” would fix her eyes upon her, not once looking down as her hand recorded census, admissions, discharges, transfers, reportable temperatures, and special treatments or operations. No student believed that those notes were decipherable. As the student escorted Miss Dennison to the ward door and was politely thanked, she had a fleeting realization that Miss Dennison was no ogre but rather a compassionate fellow-traveler. Students who were assigned to the children’s wards caught glimpses of her affection for the youngsters. For weeks a most unattractive, pitiful little girl with extreme hydrocephalus occupied a central cubicle. As soon as “Denny” approached the area, the child held out her arms to her. Miss Dennison visited with her for a few moments no matter how late it was.

Miss Dennison was closely involved in working out the program of ward teaching that the MGH, like other leading schools, instituted in the early twenties. Together with Mina McKay (MGH 1907), the medical supervisor, she contributed a paper on “Development of Ward Teaching at MGH” to *The Quarterly Record* in 1926. Some glimmers of her personality show through the detailed plans which they were describing after a trial period of three years. “The determination to start has often been the only prop and stay of pioneers.” “Just as there is never a convenient moment to admit a patient, so there is never a convenient time to add ward teaching.” There would be more time “if we could get rid of some self-imposed traditions that every bed must be made before the doctors’ visits begin at 10 A.M.”²

Both women realized that ideally the ward teaching should be done by the head nurse, who knew the patients, but since she seldom had time or sufficient background, the clinical supervisor had to devise ways to achieve the desired results. Outlines to guide the student participants towards focusing on teaching prevention and health care encouraged the use of experts in the field and reading the literature. Miss McKay planned a schedule that included four periods of twenty minutes each week, and devised an elaborate system of records to keep track of both students and topics. There were many obstacles to the success of the plan. While the students gathered in examining room or corridor at 8:45 A.M., only the head nurse and a ward helper were left to run the

ward. Graduate staff nurses, had there been any, could have freed the student's attention and eased her conscience as she stood trying to concentrate in spite of her anxieties about unattended patients back in the ward; nevertheless, better understanding and better nursing were increasingly achieved. Miss Dennison took part in developing a plan for correlating theory and practice, which made the work of rotation more complicated than ever.

After seven years as assistant superintendent of nurses, Miss Dennison in September 1928 took leave to begin studies at Teachers College, Columbia, which led to her B.S. degree in 1931. Olive Alling (MGH 1922) substituted for her in 1928–1929. When Miss Dennison resigned in September 1930, Miss Johnson paid tribute to her in *The Quarterly Record*, noting her careful assignment of students and the perception and judgment with which she had conducted the School's affairs at times when the Superintendent of Nurses was away. "Never once," she said, "has the chief officer of the school returned to straighten out or adjust the results of poor administration," adding that "her personal loyalty to me will always be one of the precious memories of my professional life."³ Clare Dennison went on to become the successful and beloved director of the school of nursing at the University of Rochester's Strong Memorial Hospital, and remained there until her retirement in 1951.

Her successor as assistant superintendent of nurses at the MGH was Kathleen H. Atto (MGH 1922), one of the many Canadian gentlewomen who entered Nursing in the United States. In her home community of Lennoxville, Quebec, she had attended Bishop's University, from which she received her B.A. degree. She then taught school for a time before entering the MGH School. After graduation Miss Atto became a teacher in schools of nursing. Far better prepared than most instructors of that day, at one place she served both as instructor and as assistant superintendent of nurses. At Teachers College she earned an M.A. in the area of administration in schools of nursing.

Miss Atto left the MGH in 1933 to become Superintendent of Nurses and Principal of the School at the McLean Hospital. During the nine years that followed, a constructive relationship was developed between

the two schools, derived from their superintendents' mutual regard and understanding of each other's problems. In 1942, after the United States entered World War II, Miss Atto joined the Army Nurse Corps. By the time she finished military service in 1948 she had served in the Surgeon General's office in Washington, D.C., and in Germany, where she was Chief Nurse of the 97th General Hospital. Back in Massachusetts after the war, she became chief of nursing service at the Veterans' Administration Hospital in Northampton, a post she held until 1960. During these years Miss Atto was active in the District and State Nurses Associations, and in the Western Massachusetts and State Leagues of Nursing, serving on many committees and holding office several times in both organizations. Her own Bishop's University conferred an honorary degree (D.C.L.) upon her in 1960, the year in which she retired.

Although the Superintendent and assistant superintendent were somewhat involved in the instruction of students at the MGHSN, in the 1920s the primary responsibility for teaching fell upon the shoulders of the two full-time instructors. Annabella McCrae's course in the principles and practice of nursing, a legendary part of MGH training since 1912, still formed the backbone of the preliminary term.

The instructor of nursing theory was Nellie Hawkinson, a 1909 graduate of the Framingham (Mass.) Hospital Training School with a B.S. degree from Teachers College. The teaching load carried by Miss Hawkinson was formidable. New classes of probationers entered in January, April, July, and September. In each of these preliminary terms she taught 80 hours of anatomy and physiology, 24 hours of bacteriology, 24 hours of chemistry, and 15 hours of drugs and solutions. To the older students, she taught materia medica and sanitation. In addition she and Miss McCrae had schedules to plan, papers to correct, and reports to prepare, with virtually no secretarial help. That all creativity was not stifled is a wonder, but these were women of powerful character, totally dedicated to their work. The cloistered life of the Hospital eliminated commuting, the preparation of meals, and most social life, and most of their waking hours were devoted to the School.

In 1922 Miss Johnson was able to convince Dr. Washburn that the

instructors needed graduate assistants in addition to their senior student assistants. Ruth Sleeper (MGH 1922) joined Miss Hawkinson as the first graduate assistant to the instructor of theory, thus starting her career. Miss McCrae apparently resisted the idea for a time, for her first graduate assistant, Daphne Corbett (MGH 1925), was not appointed until 1929.

Miss Johnson in her "Graduation Report" for 1924 testified to the excellence of Miss Hawkinson's teaching, and Helene G. Lee (MGH 1922), one of her senior student assistants, recalls that her natural dignity and charm, and her fine appearance in her beautifully tailored uniforms, made Miss Hawkinson a model for the students. Her knowledge of trends and practices among the forward-looking schools strengthened the MGH program. She made the first blueprint of the School's curriculum, which, by providing an hour-by-hour schedule of the instruction in every major course, helped to integrate the program of study and avoid duplication. The development of course outlines and even eventually the correlation of theory and practice were partially based on her efforts.

After four years at the MGH, Miss Hawkinson returned to Teachers College for an M.A. degree. In 1926 she became professor of nursing education at the University of Chicago, to which the financial assets of the noted Illinois Training School for Nurses, recently closed, had been transferred. These funds supported a program at the university for the preparation of faculty and administrators of nursing schools and services, which under her direction achieved conspicuous success. Miss Hawkinson was president of the National League of Nursing Education from 1936 to 1939.

The course of study at the MGH in 1920-1921 shows a striking imbalance in the number of hours allotted to classes over the three years. The entire three-year program offered 805 hours of class work. Of these, a total of 503 class hours was crammed into the four-months' preparatory course of the first year; during the remainder of the first year, a period known as the "junior year," there were only 108 class hours. During this junior term students were assigned to medical and surgical wards where they provided most of the nursing care and had

some night duty, even though they had not yet studied surgical nursing and were still attending classes on medical nursing. The medical and surgical courses were taught by the doctors and supervisors. Nursing in medical diseases, a course of 64 hours, consisted of general medical diseases, given in the junior year; and communicable diseases, children's diseases, and mental and nervous diseases, all given in the second or intermediate year.

Also scheduled in this second year was nursing of surgical diseases, 64 hours; this course included units in general surgical diseases, orthopedic diseases, and gynecological diseases. Other courses in the junior and intermediate years were materia medica, first aid (taught by the doctors) and bandaging, sanitation, massage, and special lectures. In the senior year all students had only two courses: nursing problems and obstetrical nursing, a total of 78 hours. For the obstetrical training they spent three months at the Faulkner Hospital, the Boston Lying-In Hospital, or the Wesson Maternity Hospital in Springfield. On this affiliation, the classroom teaching necessarily occurred in the same time span as the experience—a correlation controlled by geography.

For a limited number of students three elective opportunities were available. Two months at the Massachusetts Eye and Ear Infirmary included experience both in the Hospital and in the Out-Patient clinics. The public health nursing course of four months offered field work with Boston's Instructive District Nursing Association and some instruction at Simmons College; for this affiliation there was a tuition charge, though a few scholarships were available. And three months could be elected in the Social Service Department at the MGH, in the course of which students attended weekly conferences on social case work as well as legislative hearings on health questions, and made supervised visits to patients' homes and to institutions. There was no affiliation at this time that offered training in the care of the mentally ill. Other valuable learning experiences were the special assignments given selected seniors as student head nurses and assistants to the instructors.

A number of recommendations made by the National League of Nursing Education in its *Standard Curriculum* of 1917 had not yet been realized at MGH. One was for an academic year that would allow three

months free of classes so that students might have four-week vacations in relays. Another was the reduction of hours in the preliminary or preparatory term and the more even distribution of course hours in the other terms. The *Standard Curriculum* had recommended admitting students only once a year, twice at most. It was of course the need to use the students to provide nursing service that stood in the way of change in this regard. The MGH School also needed more and better prepared teachers to teach fewer subjects; it needed science laboratories, more classrooms, and a library. There was room for improvement in the social and recreational life of the students and in the health services provided for them. As always, the hours on the wards were too long and the time for study too short.

Miss Johnson and Miss Hawkinson were well aware of the School's deficiencies and eager to make all possible progress. They were also familiar with such obstacles as the shortage of well-trained teachers, the resistance of some doctors to any increase in class hours, the absence of any space for classrooms and library, and the lack of funds regularly set aside for the School's use. In spite of these problems, the faculty never gave up their efforts to keep pace with the best in nursing education.

One problem faced by Miss Johnson when she took charge of the School was the more efficient use of the supervisors as teachers in the clinical areas. The role played by the supervisors in the entwined structure of nursing service and nursing education at MGH had shifted a good deal over the years since the position was introduced by Miss Sanders during her brief term (1909–1910) as Superintendent (see Chapter 4). Her successor, Miss Parsons, had retained the system of supervisors, apparently intending them to oversee the nursing service in the Hospital wards as well as to provide some clinical teaching for the students assigned to the wards, but the supervisors' duties had never been clearly defined.

In fact, the supervisor's opportunities to strengthen and refine the abilities of the head nurse or the nursing care given by the students were limited. Her preparation for this work at best would be some experience as a head nurse; she might have worked as a private-duty nurse or

as a night superintendent. There were no courses offered for supervisors; in fact the development of academic preparation for the supervisor lagged behind that for the superintendent and the theoretical instructor by some years. In centers such as Teachers College, however, where the faculty could keep up with the general trends in education, nurse-educators were coming to realize that the benefits of good classroom teaching were being abraded by the inadequate attention given to the individual student as she carried out her nursing duties for the patients.

A growing realization of the limitations of the clinical courses also helped revive the idea of utilizing the supervisor for ward instruction. The familiar criticism by many doctors that the students were always in class and were being overeducated, and the need to keep the students on duty in the Hospital so that the work would be done, were roadblocks in the way of upgrading those courses. When one examines the course topics and hours in an MGH School *Announcement* after 1923, it is evident that even a well-prepared lecturer could not cover the content in any depth; and the doctors who taught the clinical courses, like other teachers, did sometimes ramble or spend a disproportionate amount of time on some aspect of care or research, to the neglect of other topics. In the relatively few hours allotted to the supervisor in her role as instructor, she had to clarify the material presented, add to the content, discuss nursing measures and tests, and administer some quizzes.

Improvement of the nursing instruction in the clinical areas, however, depended far more upon the policies and practices on the wards than upon the supervisor's own preparation and skill. The students came out of the preliminary term with only the beginnings of knowledge in the basic sciences and the beginnings of skills in the procedures that are fundamental to nursing care. On the wards they found a scaffolding of precedents and routines, from which they learned chiefly that TPRs were taken at specific times, patients should receive baths on certain days, beds should be made, and backs rubbed. Nurses had special duties that must be completed. The doctors wrote orders for treatments and tests in their order book; the head nurse transcribed the orders to treatment sheets and medicine cards.

Two approaches could have helped the student learn what comprised

more comprehensive nursing care. One was what might have been called a blueprint of the nursing care needs of certain groups of patients (such as arthritics) or certain individual patients whose illnesses were less often encountered. As it was, the student nurse dealt continually with the pieces of a jigsaw puzzle, rarely seeing the whole or the relationship of the parts. A general approach would have helped her to identify the particular needs of each patient. A second device could have helped the patient quite as much as the nurse: a record of his preferences and responses to care, of the helpful solutions one nurse might have discovered, and of unresolved problems. Since most of this information was transmitted only by word of mouth, much of it was lost. The assignment of students to carry out one particular function for patients, such as giving medicines, was also detrimental to learning in an organized, associated way.

Some interesting efforts to improve on the traditional ways of ward teaching were being made at the Bellevue Hospital School of Nursing, at the Yale University school, and at other university schools during the 1920s. When Maud C. Kelley was appointed to the position of teaching supervisor in pediatrics at Bellevue in 1922, she took over the teaching of the classes in pediatric nursing, and moved the classes and demonstrations to the wards or an adjacent classroom. In 1927, Mary Marvin of the nursing faculty at Teachers College studied the various clinical services at Bellevue to identify the clinical material they afforded for the training of nurses. Around her findings a program was built, which was described in a helpful book, *Clinical Education in Nursing*.⁴

The faculty at the Yale school had early been concerned with differentiating the functions of those who were primarily concerned with nursing service from those of the teachers, a radical departure for the time. Margaret Carrington of the Yale faculty spoke at a League of Nursing Education meeting in Massachusetts in 1925 on "The Supervisor." In her paper, published in *The Quarterly Record* of the MGH alumnae, she criticized the use of the term "teaching supervisor" on the ground that it was redundant, claiming that "supervision has teaching as its chief attribute." She proceeded to describe the academic preparation a supervisor should have: a broad college preparation; knowledge

of educational psychology, teaching methods, sociology, and economics; a sound education for nursing, including the concepts and principles of public health nursing; and, in addition to teaching experience, post-graduate study at some center such as Teachers College. At that time very few supervisors so well prepared could have been found anywhere in the United States.

The functions of the supervisor, as Miss Carrington outlined them, derived from a concept of each of the supervisor's wards as a teaching resource, to be studied and analyzed to determine what opportunities were available for the education of the students. She noted that the more a school of nursing served as an institution for the purpose of education, as distinct from the provision of nursing service, the more natural it was to think of the supervisor primarily as a teacher. The supervisor would help the head nurse to become a better teacher, so that she too might guide students to become more observant, to analyze the principles involved in patient care, to understand why symptoms occurred and how they were relieved. She saw the need to "determine what is primarily nursing . . . and to build up the content of nursing knowledge, separate and distinct from medical diagnosis or treatment."⁵ She stated emphatically that if this program were to be carried out every head nurse would need an assistant.

Miss Carrington recommended that, in addition to her work on the wards, the supervisor direct and teach a formal course in "nursing principles related to medical diseases," involving the head nurse actively in classroom demonstrations. Both supervisor and head nurse should attend the doctor's lectures. The supervisor's relationship to students should be that of co-ordinator, helping the student to apply past learning, utilize new learning, become skillful in nursing, grow in her understanding of people, and develop a research attitude towards nursing. She advocated treating the student as an active rather than a passive agent, as one who intended and was expected to learn for herself rather than as a mere recipient of knowledge. The student was to be encouraged to bring her problems to the supervisor; a free interchange between the two would promote constructive criticism. "Away with the inspeccorial autocrat!" she concluded.⁶

The realities were different from Miss Carrington's model, not only at the MGH but wherever a school was not free to realize its educational purpose to such a degree. The supervisor was continually confronted with opportunities she could not utilize for teaching, and with head nurses who were completely tied up with their service functions (and often liked it that way). She had many responsibilities, and a heavy load of ward and sometimes classroom teaching. Her position had the highest potential for frustration of any in the school because realizing the aims of either of her functions—service supervisor or school instructor—was so difficult. Through no fault of their own, the supervisors were often one of the weakest links in the program of any school.

Miss Johnson was well aware of the demands made on these women. In 1924 the inspector from the New York State Board recommended in the report of her visit to the MGHSN that more detailed supervision should be supplied. In this year Miss Johnson secured authorization for a third supervisor, which made it possible to divide the supervision of the upper and lower surgical wards and assign the medical wards to the third person. (Miss Johnson looked forward to the day when she might also appoint a person to manage the many departmental concerns associated with the utilization of orderlies and ward helpers, the supervision of dormitories, and the like. By 1934 she achieved this goal.)

A pressing need was for each supervisor to have her own office adjacent to the area for which she was responsible, but this proved difficult to achieve because space was at such a premium everywhere at the MGH. Miss Johnson was able to tell the Ladies Advisory Committee in November 1930 that one office was already in use and the others were forthcoming. "This change is one of our most advanced steps. Now hospitals provide for the supervisors," she said.⁷ After Miss Johnson's year at Teachers College in 1931–1932, she introduced additional improvements in the educational program on the wards.

The resignation of Nellie Hawkinson as instructor of theory, in 1924, was a loss to the School; few nurses were as well prepared for this demanding post. Her successor, however, was a woman of comparable stature and resource. Martha Ruth Smith, the daughter of a New

Hampshire doctor, had graduated from the Peter Bent Brigham Hospital School of Nursing in 1919. Carrie Hall (MGH 1904), her superintendent of nurses, then appointed her a head nurse; after a year she was promoted to supervisor of medical nursing. In the fall of 1921 Miss Smith went to the Samaritan Hospital in Troy, N.Y., where she was instructor in both theory and practical nursing until 1923. She then took a year of study at Teachers College, receiving a B.S. degree and a diploma in teaching. Coming to the MGHSN in her thirties, Miss Smith brought maturity as well as eight years of valuable experience and education to her new position.

The September 1924 class, the first she taught at the MGH, were quick to note how Miss Smith's "Brigham" uniform differed from the one worn by MGH graduates. In designing both the student and graduate uniforms for Brigham nurses, Carrie Hall had broken with MGH tradition to produce a one-piece dress with bishop's collar, and a cap of fine handkerchief linen that not only could be laundered but could also be folded flat when it had to be packed. MGH students recognized the advantages of the cap, but few envied the wearers of the high, snug collar. The details of the uniform, however, were forgotten after a few hours of class. Except for her lovely eyes, Miss Smith's appearance was not exceptional, but beneath a gentle manner and pleasant voice, a strength of character and a businesslike firmness were evident. Humor and sympathetic understanding were near the surface. She was able to teach effectively without resort to emotional displays or sarcasm. Many students applied themselves diligently because she so obviously wanted them to learn, rather than because of any deep devotion to science.

Not many nurses who taught the science courses in the twenties had full command of any one of the subjects they taught, but students with earlier knowledge of some courses were impressed by Miss Smith's mastery of her subject and her teaching ability. She planned laboratory periods painstakingly to make the best use of time and materials. She gave explicit directions, and explained the reason for each activity. To a college professor the number of hours of teaching alone would have seemed outrageous, even if the focus had been on one subject instead of four or more. To be sure, most courses dealt very superficially with a

subject, yet to teach three science courses, each one of which had two or three laboratory sections, with only a recent graduate and a senior student for assistants, was a real feat.

Added to the science teaching were other courses, and the responsibility for planning the theoretical program. After Miss Smith had worked out all the details of the preliminary term, the courses for capped students had to be planned. A shortage of classrooms was a continuous frustration. It was from Miss Smith's office that requests to lecture went to the doctors, and there were innumerable minutiae related to records and reports, most of them handwritten because there was little secretarial help. Each term a new student assistant had to be oriented and instructed, and the graduate assistant usually stayed little more than a year.

In the preliminary term classes were taught throughout the week from 7:30 Monday morning to noon on Saturday. Though evening classes had been eliminated, because of the many students on night duty, afternoon classes were scheduled between 3 and 6 P.M. The day of any instructor thus might start by seven in the morning and end after six in the evening. Miss Smith's office (purely a courtesy designation, since she shared it with others) was a small room located at the junction of the basement corridor and the classroom door, where traffic peaked about every fifty minutes. No wonder that planning, class preparation, paper correcting and the like were carried on in the evening or on weekends in her own room. The two adjoining rooms allocated to the theoretical instructor for her living quarters were just two flights above the classroom and office in the same corner of the New Home. As in most MGH accommodations, street noises were formidable; they were matched at times on the inside by students on a rampage. Her rooms did provide Miss Smith with some place of retreat and privacy, though they were conspicuously unpalatial even after the addition of her record player and other personal furnishings.

Martha Ruth Smith had enthusiasm and drive as well as intellectual curiosity that fostered continuous effort despite pressures and adverse conditions. She eagerly sought means of enriching the curriculum. She maintained her equanimity partly by playing when she played, and

working concentratedly the rest of the time. Students could count on her when there were School functions or when an individual or group needed advice. Those fortunate enough to be her graduate or student assistants learned a great deal about the administration of an educational program. They learned something of teaching as well as of its problems and rewards. Several of her assistants were launched on their future work because of this association.

One of the most significant of Miss Smith's contributions to the School during her first five years on its faculty was a better plan for the correlation of theory and practice, one of the important recommendations made in the Goldmark Report (see Chapter 14). For a long time probably no one realized the denigration of classwork implied in the practice of assigning students to the care of patients whether they had studied the relevant theory or not. Students had learned by doing (right or wrong), with whatever guidance the head nurses provided, for so many years before anything like a curriculum existed that putting the theory and practice together was not seen to be imperative. When the instructor of theory appeared on the scene, her focus was on the preliminary term subjects and on those not especially related to hospital nursing practice, sanitation for example, which was viewed from the needs of the community. Not until Miss Smith, in the mid-twenties, had been given the title of Director of Theoretical Instruction was there anyone at the School really authorized to consider the curriculum as a whole.

It was logical to start a correlation plan by improving the relationship between the preclinical sciences and basic nursing skills. Miss Smith and Miss McCrae therefore rearranged content until students who were studying the skeletal system in anatomy, for example, were at the same time mastering some of the basic procedures relating to patients with fractures. The next step was to arrange the assignment of students to wards and courses so that closer correlation might be realized. The already considerable intricacies of Miss Dennison's work of rotations now had to be systematized according to a master plan of scheduled courses to which students were assigned in groups.

In her report read at graduation in February 1928, Miss Johnson noted "the severe criticism of nursing education for its lack of correla-

tion of the theory and practice of nursing." She praised "the ability and zeal" of Miss McCrae, Miss Smith, and Miss Dennison, who had undertaken their far from perfected plan early in 1927. She identified the main obstacles to its success: the preponderance of patients in some clinical areas and the dearth in others; the complete lack of some types of patients, so that to become familiar with their needs the students must have affiliations elsewhere; the absence of graduate staff nurses and the limited number of ward helpers; and the incidence of illness among the students on whom the nursing service depended.⁸

When Miss Smith had first surveyed the situation, she found the relatively small number of medical patients (140 beds) to be a root problem in the even distribution of students. If more students were assigned to medical patients, making the ratio of nurses to patients as high as 1:4.7, nursing care for the surgical patients (250 beds) would be reduced. Moreover, if all students assigned to medical wards, for example, went to class at the same time, who would care for the patients?

These and other problems were partially resolved by teaching medical nursing three times a year, and all other courses twice. Since this schedule put an additional burden upon the participating doctors on the visiting staff and raised costs to the School, more of the resident staff came to be called upon for instruction. The correlation plan made it possible for students to stay on the same ward for a longer time, a benefit for the patients, the students, and the head nurse. In order to cover the wards while the junior students went to class, older students were also assigned, another improvement in staffing. With the newly capped students arriving in the wards to care for medical patients just as their course in medical nursing began, it was necessary to increase the supplementary ward teaching. Once the correlation plan, which was extended to include surgical nursing, went into operation, practically no student failed a clinical course. However, though the plan worked out better than either Miss Smith or Miss Dennison had dared to hope, and they were willing to work to refine it, the best correlation, as Miss Smith explained to the Advisory Committee, was contingent on employing graduate nurses for floor duty. The plan was continued, although the graduate nurses did not materialize immediately.

Miss Smith availed herself of an opportunity to work on the rotations for a term while Clare Dennison was at Teachers College. In 1929 Miss Smith resigned, to return to Teachers College; there she studied for her master's degree (received in 1931) and was instructor of nursing education from 1929–1935. It was in this period that she applied her knowledge of the sciences to the analysis of the scientific principles on which the practice of nursing needed to be based more securely.

The MGH School had been connected with Simmons College for more than a quarter of a century (see Chapter 4). Responding to the growing need for personnel in the field of public health nursing, Simmons had broadened its interest in nursing education. A Simmons professor participated in a training program for hospital-school graduates set up by the Instructive District Nursing Association of Boston in 1912. The IDNA and the college also for many years cooperated in a four-month course for a limited number of hospital-school seniors, which two or more MGH students regularly elected. In 1919, with financial support from the IDNA, Simmons was able to open a School of Public Health Nursing, in association first with the School at the Massachusetts General; within a few years the schools of the Peter Bent Brigham and the Children's Hospitals were included.

Under this program, within a period of five years a student could acquire the B.S. degree from Simmons, the diploma of the MGH School, and a certificate in public health nursing. She was thus prepared for both clinical and public health nursing practice, and had also enjoyed the extra academic advantages of college library facilities, more thorough grounding in science, some liberal arts courses, the benefits of meeting students with other interests than Nursing, and participating in the variety of college life. This education was of course more expensive. Tuition for the freshman and sophomore years in 1920–1921 was \$300, to which was added the expense of room and board, books, and laboratory and activity fees. When the Simmons students arrived at the MGH, they paid only the \$50 tuition.

The Simmons school also continued, in conjunction with the IDNA,

to offer public health training to graduate nurses. In the early 1930s, courses were added to prepare graduate nurses for the position of head nurse. It was becoming increasingly evident that the head nurse should play a key role in the education of students as well as in ward administration, and a committee of the NLNE had conducted a study of her functions in the late twenties, led by Mary Marvin (Wayland) of the Teachers College faculty, whose book *The Hospital Head Nurse* (1938) was to become the standard work on the subject. At Simmons, courses in ward management and ward teaching were introduced by Helen Wood in 1932, under the sponsorship of the Massachusetts League of Nursing Education.

Three women had provided leadership in the Simmons School of Public Health Nursing: Anne Strong, her successor Marion Rice, and Marjory Stimson (MGH 1921), who substituted for prolonged periods when Miss Rice was ill and in 1931 was appointed acting director of the school. In 1932, after the School of Public Health Nursing was replaced by the Simmons College School of Nursing under the direction of Helen Wood as professor of nursing, Miss Stimson continued to be associated, as assistant professor, with the public health nursing aspects of the curriculum. Directors and faculty might come and go, but Marjory Stimson remained at Simmons from the time she went there from Teachers College in 1932 until her retirement in 1960. Years after students had left the college she could call them by name, and she knew all of the details of the development of the various nursing programs at the college, enriched by a store of anecdotes.

The enrollment of students from the Simmons school at the MGH was never large, though there were usually a few each year. Of the 50 who completed the five-year undergraduate course between 1918 and 1934, half had received the MGH diploma. Financially the school eked out a hand-to-mouth existence, dependent upon funds from outside the college. In the later years enrollment increased somewhat; in 1934, when the MGH connection with the program ended, about 90 students were distributed through the five years. At the General, no distinctions were made between the Simmons students and those in the regular

diploma program. They took the same courses, and they worked together on the wards. Few criteria had been established for the careful evaluation of the performance of either group. Each had to have the experience required by law in Massachusetts and New York, which included the affiliation at Boston Lying-In Hospital. Eventually both attended the MGH graduation and, if they remained in Massachusetts, took the same state board examinations.

Over the years, a number of problems developed in the Simmons program with the hospital schools that were similar to those found in other programs associated with colleges and universities. Precarious finances were a common difficulty, but even more perplexing were relationships between the college and the hospital. Responsibility for instruction remained divided. At Simmons, for instance, the school had administrators but no clinical faculty of its own. Students took their science courses at the college and their clinical courses at the hospitals. There was no plan to coordinate instruction or develop the curriculum as a whole.

These and other problems were the subject of formal and informal discussion throughout the twenties among those associated with college or university programs, whether for undergraduates, graduate nurses, or a combination of both. A group that met at the NLNE convention of 1921 published a *Preliminary Report on University Schools of Nursing* later that year. Soon after, the League appointed a standing committee on university schools. Many nurses were new to this kind of education and even the more experienced were faced with a bewildering set of conundrums. Just as the pioneering nursing school superintendents of the 1890s had realized the need to work together, these women recognized the value of joining forces to consider matters related to administration, organization, standards, curricula, college credits, all with dimensions that differed from the hospital-based programs.

In 1928, the League and Teachers College jointly sponsored a four-day conference of university educators, physicians, and hospital and nursing school administrators. The college educators warned the nurses of the rigidities of the academic world, and the physicians and hospital

administrators stressed the dangers of swinging too far from practice into theory, but all agreed that progressive nursing education had a place in the university. When nursing education was considered in a university setting, however, questions of accreditation came immediately to the fore. The conference discussed the possibility of establishing an association of college schools of nursing, which might have accreditation as one of its functions, but then shelved this idea until the Grading Committee study should be completed. In 1931 the NLNE standing committee reported on "Tentative Standards for Schools of Nursing Seeking Connection with a College or University." The report discussed such topics as the preparation and organization of the faculty, teaching load, budget, clinical and physical facilities, and the social life of the students.⁹ However, there was as yet no machinery for enforcing standards.

In the end, the Grading Committee did not venture to produce a system for grading or accrediting schools of nursing. By the time of its final report, the Association of Collegiate Schools of Nursing had come into being. The Association was formed in 1932, "to develop nursing education on a professional and collegiate level" and "to promote study and experimentation in nursing service and nursing education."¹⁰ Active among the founders, who represented twenty college schools, was Helen Wood. The group turned first to the task of defining standards for membership and creating a system for evaluating schools that wished to join the Association—the first occasion in nursing history, as Isabel Stewart pointed out, when nursing schools themselves joined forces to raise and enforce standards.

These developments had an immediate effect upon college schools that did not meet the Association's standards. Administrators and faculty accepted the need for change and now had specific revisions to propose to college administrators and, in cases like Simmons, to the hospitals where the curriculum plan fell short of the new requirements.

One can only surmise what transpired at the conferences between Sally Johnson and Helen Wood that must have taken place as it became clear that a change in the relationship between Simmons and the MGH

was inevitable if the Simmons school was to advance towards the standards set by the ACSN. In her report at the graduation exercises in February 1935, Miss Johnson announced that Simmons students would no longer graduate from the MGH School; they would come to the Hospital merely as affiliating students. The School was without a college association until the middle of the next decade, when the plan with Radcliffe College was developed. An association with Hood College, Frederick, Md., was also begun at about the same time (Chapter 23).

CHAPTER 14

The Goldmark Report on Nursing

AN event of great importance to the nursing profession occurred in 1923 with the publication of *Nursing and Nursing Education in the United States*, prepared by Josephine Goldmark, a woman widely known for her investigations in the fields of labor and of health.

Until this book appeared, the widely divergent views of individual doctors, nurses, and administrators had formed the sole basis for attempts to identify and attack problems in the field of Nursing and education for Nursing. Only a small number of graduate nurses had been qualified to make judgments on the subject, because few had had experience with any educational system except that in their own training schools. The world of the nursing school had been the narrow world of the hospital, where much of the educational process consisted of an apprenticeship—a limited experience that other professions had sharply reduced or subordinated to a broader intellectual training.

Outside of hospitals and their schools, however, forces had been developing that would change the future course of Nursing. World War I and the influenza epidemic of 1918 had made the American public more aware of the state of the nation's health and, as part of the larger picture, of deficiencies in nursing education. Furthermore, for the first few years after the war, there was a shortage of nurses, especially in the rapidly growing field of public health. It was evident that many able young women in search of occupations were not being attracted to Nursing. Informed observers saw the situation as an opportunity to employ new techniques of research, which had been developed before the war for the purpose of analyzing social problems in a newly industrialized America.

Nursing leaders had been impressed by Abraham Flexner's enor-

mously influential study, *Medical Education in the United States and Canada* (1910), which had resulted in the closing of many substandard medical schools and the raising of standards in those that survived.¹ As early as 1911, leaders in Nursing had approached the Carnegie Foundation for the Advancement of Teaching, which had financed Flexner's study, but their request for support for a similar study of Nursing was not granted.

Flexner also had some judgments to make about Nursing. At the 1918 meeting of the National Conference on Charities and Correction, he presented a significant paper entitled "Is Social Work a Profession?" in which he enumerated criteria for a profession and made comparisons between Nursing and social work. He found that neither was yet able to meet the criteria, although he believed that social workers, free of the institutional chains that bound Nursing to hospitals, would soon rise to the challenge. In his discussion Flexner suggested that public health nursing afforded more opportunity for developing the initiative and independent action characteristic of a professional than did hospital or private nursing.² The question of appropriate preparation for the public health nursing group was then coming to be widely considered.

In 1918, the Rockefeller Foundation called a special conference of nurses and doctors, to discuss new developments in public health and the preparation needed by workers in this field. As a result of the conference, a committee of seven was appointed to prepare a preliminary survey. The nurse members were Annie W. Goodrich, director of the U.S. Army's wartime school of nursing; M. Adelaide Nutting, professor of nursing and health at Teachers College; Lillian D. Wald, who had pioneered in public health nursing at New York City's Henry Street Settlement; and Mary Beard, director of the Instructive District Nursing Association of Boston. The doctors were Herman M. Biggs, New York State Commissioner of Health; William H. Welch, director of the School of Hygiene and Public Health at the Johns Hopkins University; and Charles E.-A. Winslow, professor of public health at Yale University, who was chosen as chairman.

The committee quickly discovered that the prevention of disease and the care of the sick, and the related problems of Nursing and nursing

education, were all parts of a single problem, and must be considered as such.³ For this task the group was expanded to sixteen members and named "The Committee for the Study of Nursing Education." (Among the new members were Dr. David L. Edsall, dean of the Harvard Medical School and formerly Chief of Medical Services at the MGH, and Helen Wood, who had recently left MGH to become director of the school of nursing at Washington University, St. Louis.) Josephine Goldmark had just concluded an important study of hospitals and health in Cleveland, Ohio, in the course of which a useful methodology had been developed; she was appointed secretary (executive) of the committee. She brought to the entrenched and entangled problems of Nursing the objectivity of a trained observer who, though not a nurse, had by first-hand field research familiarized herself with Nursing and its problems. Twenty-three training schools in various parts of the United States were selected for study (including that at the MGH), as well as forty-nine public health agencies. A small survey of private duty nursing was included to complete the picture. Years later (1955), historian of Nursing Mary M. Roberts was to declare that the Goldmark Report, as it came to be called, still stood "as a beacon in the field of nursing education, [and] the only broad-scale study based on *firsthand observation* of nurses at work as public health nurses, and as teachers and administrators of nursing schools."⁴

The Goldmark Report revealed nothing unknown to nurse leaders, but the precise scientific method and impartial presentation elevated the findings to a level above personal opinion. Isabel M. Stewart, Miss Nutting's successor at Teachers College, later summarized the familiar failings it pointed out: the lack of good teachers, adequate equipment, and time for study; the long hours of ward service and night duty, most of them educationally unproductive and forcing premature responsibility upon the student; the lack of correlation between theoretical instruction in the classroom and practice on the wards; the crowded and unattractive living conditions of the students; and the autocratic discipline, which created psychological barriers to cooperative effort. "If the best existing practices in all these respects could be made universal," the report stated, "nursing education could be put on a proper plane." Its

shortcomings, Miss Goldmark continued, were “not fairly chargeable to deliberate neglect on the part of hospital authorities or nursing superintendents,” but rather were “due to the inherent difficulty of adjusting the conflicting claims of hospital management and nursing education under a system in which nursing education is provided with no independent endowment for its specific ends.”⁵

In concluding its work, the committee formulated ten conclusions and recommendations, the distillation of more than 500 printed pages of description and analysis. The recommendations could have served as a charter for the development of Nursing. Given here in abbreviated form, the points were as follows:

1. Nurses engaged in health work and health teaching in families should have completed the basic hospital training, as well as a post-graduate course that included both classroom and field work in public health nursing.

2. Hospital supervision, nursing education, and public health nursing offered excellent professional career opportunities for the future, and every effort should be made to attract able young women into these fields.

3. Public safety demanded that the standards of nursing education held by “the best sentiment” in the medical and nursing professions and embodied in the legislation of “the most progressive” states should be generally accepted and maintained.

4. A subsidiary grade of nursing service should be created and licensed to serve in the care of mild or chronic illness, its practitioners bearing some title such as “nursing aide” or “nursing attendant.”

5. For the suggested subsidiary grade of nursing service, a training course of eight or nine months should be provided, conducted in hospitals but separately from the program for the more highly educated nurse.

6. For the high grade of nurses needed in the care of serious illness, in public health nursing, or in nursing education, the training offered in the majority of existing hospital schools was not adequate. Their standards were not equal to those accepted in other fields of education, the instruction was frequently casual and uncorrelated with practice, and

students were overworked in order to meet the nursing needs of hospitals. These were the reasons for the shortage of well-qualified recruits. At base the problem was a financial one: the lack of independent endowments for nursing education.

7. If regular financial support were assured, and nursing schools brought under the direction of separate boards concerned primarily with education, it should be possible, with students who were high school graduates, to organize a course of only twenty-eight-months' duration which would be "reasonably sure to attract students of high quality in increasing numbers."

8. Postgraduate training should be required for all superintendents, supervisors, and instructors, as well as for public health nurses.

9. The importance of developing and strengthening university schools of nursing for the training of leaders was stressed.

10. The need for endowment funds for nursing education of all types was heavily emphasized, with special mention of university schools of nursing.⁶

For a decade Miss Nutting had been writing about these financial problems, but no one person was influential enough to change the fiscal policies of tradition-laden hospitals.⁷ The Goldmark Report recommended the introduction of cost accounting and making the results a matter of public record. Such accounting could determine the value of a school's services to the students and the hospital, of the students' services to the hospital, and of the hospital's services to the student and the school. Verily a complex skein to untangle, and neither schools nor hospitals were ready to undertake it. Since the American Hospital Association in 1923 was only just about to publish its first manual of hospital accounting, it was small wonder that schools generally had no reliable data on their costs. It would be another twenty years before the AHA and NLNE began to collaborate on a method for determining costs of nursing education and nursing service. (In 1955 Mary Roberts commented, "There is no generally accepted method yet.")⁸

On the whole, despite the prestige of the members of the committee, the Goldmark Report had a limited impact. Discussions of its findings appeared in professional magazines, and committee members spoke

widely at professional meetings, but as Miss Roberts notes, "the functions and influence of public relations programs were not then generally understood," and there was "neither broad-scale preliminary publicity nor an organized follow-up." Furthermore, "hospitals were disaffected by the emphasis on university affiliations and the recommendations for shortening the basic course."⁹

Certain important benefits did stem from the study, notably the founding of several well-endowed university schools of nursing. The Yale University School of Nursing, originally a pilot project financed by the Rockefeller Foundation, which later endowed it with \$1,000,000, and the Western Reserve University School of Nursing, later renamed the Frances Payne Bolton School of Nursing in honor of its generous benefactor, were both founded in 1923. Another experiment was at the Vanderbilt University School of Nursing, opened in 1930, which at the conclusion of a successful trial period also received a \$1,000,000 Rockefeller endowment. To each of these programs were attracted some of the outstanding nurse-educators in the United States, who demonstrated ways in which the social and health aspects of Nursing could be strengthened in the curriculum. These schools also gave college women an opportunity to acquire a nursing education in a climate conducive to personal growth. In addition, nurses on these faculties made carefully conducted studies which were not only significant and useful to Nursing but showed that research should be another appropriate function of a nursing school.

Isabel Stewart believed that it was the best schools of nursing that paid the most attention to the Goldmark Report, and observed that "the great mass of mediocre schools seemed to be relatively untouched by it."¹⁰

Reports on the investigations of the individual schools in the sample studied were not made available except to those responsible for their management. In the files of the MGHSN can be found "An Estimate of Annual Expense of the MGH Training School," prepared in February 1922 by Sally Johnson for the Rockefeller Committee. Questions were asked about nursing costs for hospitals both with and without schools of

nursing. Miss Johnson's report furnishes some interesting facts about the level of salaries and other costs of running the School, such as supplying uniforms and textbooks. In 1922 the two full-time instructors were receiving salaries of \$1,500 each, plus \$400 maintenance; the training school office assistant and the secretary received \$1,020 each. Doctors who gave lectures to the students received \$162 annually.

The Hospital's yearly outlay for uniforms for each student was \$37.29; in the course of three years she would need five dresses (these were actually skirts with summer and winter blouses), twelve aprons, sixteen bibs, twenty-six cuffs, twelve sets of studs for cuffs and aprons, twenty-four caps, and one cape. Student uniforms each year cost the School a total of \$8,464.83. Textbooks for each student over her three-year period of training amounted to \$17.73, distributed as follows: Parker's *Materia Medica*, \$2.50; Kimber's *Anatomy and Physiology*, \$2.40; Emerson's *Essentials of Medicine*, \$2.70; Gould's *Medical Dictionary*, \$1.80; Sara Parsons' *Problems and Obligations*, \$1.13; and a text on obstetrical nursing, \$2.40. Notebook cover and fillers and scrap paper came to \$4.80. The Hospital spent \$383.50 annually for these books and supplies.

Some other expenses that Miss Johnson listed were those for the annual graduation exercises (\$383.70), including invitations, rented chairs, and refreshments, to which was added a total of \$877.25 for diplomas, school pins (\$7 each), and black cap bands for the graduates. Expenditures for office and other supplies used in operating the School, and many other costs, apparently were not taken into account at all. On the income side, the Hospital received a \$50 tuition fee from each entering student (\$4,450 in one year).

Uncalculated and as yet uncalculable was the dollar value to the Hospital of nursing service provided by the students.

Before the publication of the Goldmark Report, Miss Johnson had fully prepared the Ladies Advisory Committee for its findings. She had explained to these staunch allies the significance of the MGH School's participation in the study, and realistically, as always, helped them to face the facts of the weaknesses of the School that would be revealed. Buttressed with information from years past as well as the present, the

committee was thus ready to answer questions from Trustees, doctors, and others when the critical findings, which emphasized facts few people were aware of, were made public.

Her next step was to gain the support needed to implement the recommendations in the Goldmark Report. These included improving the correlation between theory and practice in nursing education, and expanding the curriculum by affiliations and by introducing instruction in the principles of public health nursing. Two familiar, frustrating problems stood in the way, each tied to lack of money: the need for more nursing service personnel, to relieve the students; and the need to revise the School program to provide adequate time for learning better patient care, for study, and for more enjoyment of the normal life of a young person. An independent endowment would have made both goals possible, but this seemed a remote possibility, and Miss Johnson and the committee could only continue work towards the improvements, piecemeal.

One of these was a start to attain better correlation between theory and practice. Miss Johnson invited the faculty member who was working on this plan to present it to the Ladies Advisory Committee. Every head nurse and supervisor on the medical and surgical wards, in fact everyone involved in the care of patients, would be affected by the proposed change, so that the understanding support of the committee would be essential when questions were raised. Miss Johnson had won Dr. Washburn's approval, and the inherent costs were minimal, but the dislocations were to be considerable. Once put into effect and refined over several years, this plan led to other improvements, particularly the further development of a ward teaching program.

At the Massachusetts General Hospital, the School continued to make modest gains. The recommendations concerning the control of the School by a board never materialized. Whatever may have been the views and hopes of Miss Wood and Dr. Edsall regarding a possible program of nursing at Harvard University, one similar to that at Yale was never developed. The closest approach, the Coordinated Program arranged with Radcliffe College twenty years later (Chapter 29),

lacked the essential administrative, financial, and educational base to achieve a sound baccalaureate course. Although Nursing has clearly moved towards the goals explicit and implicit in the Goldmark Report, one hundred years after the founding of the earliest nursing schools in the United States these findings of fifty years ago remain a challenge that has not yet been fully met.

A good training school for nurses, after the content of the Goldmark Report had been absorbed, could no longer continue without making more effort to introduce the social and health aspects of Nursing into its curriculum. Furthermore, an aggressive demonstration was underway to show how this could be done, in the form of the Yale University School of Nursing. Rockefeller funds had not been given to Yale to perpetuate the traditional, narrow, hospital-focused nursing education. To prepare a curriculum that incorporated the desired principles, each faculty member was required to have had experience in the field of public health nursing. The dynamic Annie Goodrich was appointed director of the school. The Yale school's main objective was to prepare mature women, preferably college graduates, to be nurses (not necessarily supervisors, administrators, or teachers) and all of its graduates were to be imbued with the knowledge and attitudes needed by public health nurses.

The entire program reflected this point of view. An attractive residence without the usual restrictions of nursing school dormitories made the students free to exercise their own judgment in their daily living. The program for student health care was designed to teach by demonstration the attitudes and practices fundamental to health maintenance. Community health problems were utilized as a guide to the choice and length of the clinical experiences selected for the students. Since the health of children was a central concern, more than six months of pediatric nursing and nursery school experience were included, and lectures on normal child development were given by Dr. Arnold Gesell of the Yale Psychiatric Clinic. The emphasis on public health was reflected in the titles of courses, foreign to hospital schools, such as "Problems of the

Individual and Society in Relation to Health and Disease"; "Relations of the Nursing Profession to the Community Health Program"; "Principles and Methods of Health Teaching."¹¹

The case study method was utilized throughout the clinical months (then twenty-two), in which every student had experience in nursing as it related to communicable diseases, psychiatry, and community health as well as to medicine, surgery, pediatrics, and obstetrics. Later generations of hospital-school students would become disenchanted with writing case or nursing care studies, because in their experience they were a thing apart from the actual performance of nursing, but when the case method was central to the learning process and refined under the tutelage of well-prepared teachers, students gained insights about the patient, his family, and his place in the community, in addition to providing what was necessary for his immediate care.

The nursing students at Yale were not pampered. Scholastically, the standards were high. They were assigned to 3,958 hours of practice; the classes totaled 986 hours. The old criticism from some medical men, that "students are always in class," was now heard again. The complaint that "they are trying to make doctors of them" was also heard, in spite of the fact that medical students at Yale had 3,443 class hours, nearly four times more than the student nurses had.¹²

The nursing profession regarded the Yale program with mixed feelings, ranging from approval to grudging admiration, envy, and even frank disapproval—the common lot of any group that dares to blaze new ways. The nursing faculty at Yale had the advantage of group solidarity and singleness of purpose under one educational roof; all of its students were enrolled in the same unified program. To make way for the Yale nursing students at the New Haven Hospital, the old Connecticut Training School was phased out. Like the MGH and Bellevue schools, it had been founded in 1873 as one of the first three nursing schools in the United States, and though unusual efforts were made to provide equitable training for its remaining students, a certain amount of sorrow and resentment was inevitable. If an aura of the elite, offensive to some, developed around Yale school graduates, its source was educational rather than social advantage.

MGH nurses had long enjoyed their School's prestige; the new progressive aims, exemplified by Yale, were now slowly beginning to challenge it. The impact was not felt by most graduates for many years, but Miss Johnson and some of the instructors could read handwriting on walls. Short of having an endowment and a new curriculum, prepared by a faculty who were themselves public health nurses, what steps could be taken to help MGH student nurses acquire more understanding about the home life, family, and economic concerns of the patients—to recognize the need for teaching them about health maintenance as well as the management of their illnesses? The problem was a major challenge. Most of the thought and effort on the MGH wards went towards diagnosing and curing the patients and freeing a bed for the next one. Social and health problems were not emphasized in medical education, and the attitudes of the nurses, student or graduate, were far more likely to be influenced by the words and acts of the doctors than by any teacher's theoretical emphases. And in this period few teachers, supervisors, or head nurses at the MGH were imbued with the doctrine of community health nursing.

Nevertheless, there were riches at the MGH; the problem was how to mine them to benefit students preoccupied with the business of nursing services. Nurse-educators were advocating the use of out-patient departments as a means of enlarging the student's understanding, and the MGH's busy OPD, with its pioneering medical social workers, was one of the pace-setters in the hospital world. The best solution, Miss Johnson decided in consultation with some of the teachers, would be to appoint another instructor, one to teach in the OPD clinics. One can envision Sally Johnson in her office assembling data and arguments for presentation to Dr. Washburn, in an effort to convince him of the need for this new staff member.

Student nurses had first been assigned to the OPD to meet the needs of the doctors, to manage the mechanics of operation, to help the clinics run smoothly. Those functions remained paramount. Through the years, however, there was one clinic in which the nurse, Margaret Gilson Reilly (MGH 1916), exemplified the best ideals of health teacher, advice-giver, and care-taker. She was a character, one-of-a-kind, a rare

one, that Peg Reilly. It was not necessary to be in the Skin Clinic to hear her exhorting, showing, explaining to one patient how to do his dressing, to another how to fine-comb the hair of her pediculous child. At times Peg was regaling the medical students with her latest follow-up experience in some patient's home. At other times the voices were subdued, and as one entered the door a cluster of doctors and Peg surrounded a patient, all learning, including the patient. What uniqueness of personality made it possible for her to create a nursing situation so full of mutual respect? She was a colleague among the doctors, with as much to give in her way as they had in theirs. No blind follower, no subservient handmaiden, no uncertain quaking nurse she. The MGH could have used dozens like her, if there had been more. She collaborated with Dr. Jacob H. Swartz to produce the book *Diagnosis and Treatment of Skin Diseases and the Care of the Normal Skin* (1935). It is a pity that the tape recorder had not been invented in Margaret Reilly's day; we could play back the sound of her laughter, her lively, emphatic, but kindly instructions to patients, and her indignation when her directions had not been followed.

Only a few students each year were assigned to the Skin Clinic. In the years from 1916 to 1936, not another clinic in the OPD at the MGH could touch it for interest and vitality. As Mary E. Macdonald (MGH 1942) says in her profile of Margaret Reilly in *The Quarterly Record*, it was indeed a good thing that Miss Parsons' appreciation of individual differences had helped her as Superintendent to see beyond adjectives such as "incorrigible" and "nonconformist," which were applied to Peggy during her student days.¹³ During her long, active professional life, Peg made sound contributions to fields both inside and outside of Nursing, fields in which individual and social dilemmas were involved.

However, there remained the problem of securing a public health nurse to instruct in the OPD. With Dr. Washburn favorably inclined, Miss Johnson presented her argument to the Advisory Committee. The suggestion then lay fallow while she prepared her graduation report. There were always some hospital officials, a Trustee, and alumnae present at graduation, and Miss Johnson recognized that an opportune remark might evoke interest, support, money, even a needed teacher. At

the graduation exercises held in 1926 she stated that "one of the greatest criticisms of the graduate nurse is her limited conception of her function as a health teacher." The next year she pursued the subject further:

A great Out-Patient Department like ours is one of the richest fields for seeing the results of a lack of health measures. There has been practically no one to interpret this Out-Patient field to the student nurse. The nursing personnel of the Out-Patient Department is entirely inadequate for teaching this phase of the work. One of the School's major needs, therefore, is a graduate nurse with public health training and a desire to teach, who will work in these clinics and reveal to the student nurses their responsibilities and opportunities as health teachers.¹⁴

Miss Johnson had already found a person for this position—Miss Marion Gile (MGH 1924). She assumed her duties after a month of observation in the out-patient department of the New Haven Hospital, where the Yale school students had their experience. While a senior at the MGH, Miss Gile had studied public health nursing for four months at the Simmons College School of Public Health Nursing. After graduation from the General, she was a head nurse in the Female Medical OPD Clinic, where, said Miss Johnson, "the Out-Patient Department presented to her a richer opportunity for experience than it presented to those who had no public health work—to her it was a cross-section of the community health problem."¹⁵ On her return from Yale, Miss Gile began the study of the MGH clinics, which helped her work out a system through which the student nurses might acquire some idea of community health nursing. Her title was "Supervisor of Nurses in the Out-Patient Department and Instructor in the Principles of Public Health Nursing." In the latter capacity she introduced a new course, "Health and Welfare Problems in the Community—Modern Social Conditions." Sixteen hours were allotted to this in the year 1925–1926; the time had been increased to thirty hours by the end of the decade. Under Miss Gile's direction the students visited various Boston health agencies and heard speakers who came to the classroom to describe the work of organizations which they represented.

"Health and Welfare Problems" started in the latter part of a student's first year and continued into her senior year. The course descrip-

tion in the 1928–1929 School *Announcement* explained that “an outstanding criticism of the graduate nurse is her limited conception of the relation of nursing to preventive medicine. It is often stated that while the majority of nurses are prepared to render adequate nursing care to the patient ill in bed, they are less adequately prepared to teach those laws of health which prevent illness and hasten convalescence.” Two objectives of the course were named: to give the student some conception of how the Hospital, especially the OPD, served the community, and to acquaint her with the means by which the community was endeavoring to meet its responsibilities for the health of the people. Earlier *Announcements* had defined the general aim of the School as the “preparation of nurses not only to care for individual patients, but to lay a foundation for the broader fields of teaching and administration, for public health nursing, and for social work.” Now the phrase “to teach the maintenance of health” was added.¹⁶ As many a principal and instructor could acknowledge, it was far easier to define than to realize objectives.

In 1928 Adaline Chase (MGH 1922) succeeded Marion Gile, becoming “Instructing Supervisor in the Out-Patient Clinics and Instructor in Principles of Public Health,” an unwieldy title typical of this period. Miss Chase, who had graduated from Mount Holyoke College before entering the MGH School, brought maturity and insight derived from six years of community health experience. By this time, also, there were published reports that she could consult, showing how others were developing such courses. Publications of the NLNE and articles in the *American Journal of Nursing* were helpfully specific. The League’s Education Committee had appointed a subcommittee on dispensaries (an early term for out-patient departments) to consider the utilization of such departments for the education of student nurses. In New York City a privately organized Dispensary Development Committee responded with funds to the League’s request for assistance. With this aid a study was published entitled “The Place of the Nurse and Nursing Service in a Dispensary,” and from 1923 on, regular progress reports supplied a careful analysis of needs and opportunities. Objectives of out-patient department experiences were defined, plans were developed to

correlate learning from in-patient and out-patient situations, and a variety of possible schedules was suggested.

There were of course obstacles to the implementation of any sound plan. Many doctors and nurses held the point of view that diagnosis and treatment were the main function of an out-patient department. Furthermore, the pressures of providing that care to hundreds of patients every day were very heavy. It was difficult to find time or an appropriate place to instruct a patient properly. Even a prepared, committed OPD instructor was constantly frustrated, finding that the students were so occupied with service functions that they had little time to benefit from her program.

In some schools students were assigned to the OPD for a block of eight or more weeks, the hours coinciding with those of the department. In this case it would be possible for the instructor, keeping careful records, to move students from clinic to clinic until each had gained a well-rounded experience. There would also be time for group and individual conferences, as well as discussion of nursing case studies and some of the problems of teaching patients. At the MGH the usual pattern was to assign the student to a ward and to the related clinic during the hours it was open. For example, a student went to her ward from 7:00 to 8:30 in the morning to provide some care for patients. She then went to the OPD clinic, where she remained until 2:30 P.M. After this she went off duty until 5:30 and then returned to her ward until 7:00.

There were some educational advantages to this plan because in the OPD the student might meet patients who were admitted to her ward that same day, or learn how patients whom she had cared for on her ward were progressing, when they returned to the OPD for a check-up. Unfortunately, such full contact was a matter of chance and so was what the student happened to learn in the OPD. Even if the one instructor could have spent all of her time in the Out-Patient Department, she would have found it a herculean task to work simultaneously with students in each of twenty clinics, scattered through an aging building in cramped quarters crowded with patients.

The nursing service staff of the Out-Patient Department had their hands full, with no margin for careful supervision of student nurses.

Much of the Hospital's success in providing adequate service to the host of out-patients was due, as Dr. Washburn indicated in his history, to the graduate nurses who had administrative charge of the department, under an assistant director of the Hospital.¹⁷ From 1920 to 1946, Elspeth Campbell held the post of supervisor of the OPD. She had no assistant until Helen Baker (MGH 1924) was appointed in 1929. Head nurses and student nurses, exceptionally useful volunteers, and maids met extraordinary peak demands each day. Understandably, the view prevailed in the OPD that the students were there for service; a planned educational program had perforce waited until the advent of an OPD instructor. These early instructors were true trail-blazers, who worked essentially alone since theirs was a function foreign to their associates and even to most of the faculty.

CHAPTER 15

Student Life; Alumnae Activities

THE earliest efforts to provide recreational facilities for MGH student nurses had occurred back at the turn of the century when, in the course of some reconstruction and enlargement of the Thayer Building, a gymnasium had been provided in the basement and an area on the roof set aside for sunning. But in 1912 the gymnasium had been converted to a practical nursing laboratory for Miss McCrae's course, and thereafter no indoor facilities for games or other sports were provided. The students were on the go all day in the wards and along the corridors, which was exercise of a kind. Yet after the demanding hours on duty some of them longed for the fresh, cool air of outdoors.

In the twenties, before the Storrow Drive had swallowed up much of it, the Esplanade was a safe and pleasant place to walk. Girls who had grown up in country towns, especially, liked to feel free of the city, and the Charles River basin provided a comforting reminder of open space and lakes. Some students on occasion liked to hike "around the Basin": up to the Massachusetts Avenue (MIT) bridge on the Esplanade and back on the opposite side, returning across the "salt and pepper" (Longfellow) bridge to the junction of Charles and Cambridge streets where the Charles Street traffic circle is now located. On a crispy winter night this was far more invigorating and releasing than collapsing among a half dozen classmates in some dormitory room.

Nevertheless, dormitory sociability was an essential part of life. Strewn around on bed, chair, and floor, the girls would recount the trials of the day or regale each other with the ridiculous dilemmas and hair-raising predicaments they had just survived. If one of the more skilled raconteurs was in the group, hilarity prevailed. It might be 8:00

or later in the evening, a time when weariness set in firmly, too late to do much before the 10:00 P.M. bell broke up the sessions. Someone might mutter about studying, and somewhere a few individuals doubtless were applying themselves to books and notes. A hapless "volunteer" might be drafted to go down to Mini's corner store to get sundaes for the group. Another might go off to collect her toilet articles and towel so that she could get her bath in before the 9:45 P.M. rush. So passed many evenings. The usual dormitory jokes and tricks were played on the unsuspecting. Fire escapes afforded some singular opportunities for pranks, for illicit refrigeration in the winter, for relief from the stifling city heat in summer.

The routine of students who lived in the Charles Street houses included the walk to and from the Hospital, each morning and evening; the same walk was also necessary, unfortunately, to obtain medical attention at "sick call" or to procure a meal when they were off duty. Being off the Hospital grounds had some compensations, and life on Charles Street was always diverting to the observant. At the Charles Street houses there was no "roof garden," as the ladies of the Advisory Committee liked to call the sunning areas on top of the Thayer and the New Home, covered in part from sun and rain, where one could take the air amid some furniture, hammocks, and an inordinate amount of soot. Revealing costumes on the roof were strictly forbidden because someone in the Hospital could look down, and singing and laughter must also be controlled. One must be ever mindful of the environment.

With a late permission, a student could stay out in the evening until 11:30; a certain number of late passes was allowed each month. When a student was hurrying to sign in at the dormitory at 10:00 or later, there would be anxious glances at the clock on the Carter's Ink building across the Charles River, a not completely reliable timekeeper. After an evening performance at the theatre, the students often found it hard to get back to the dormitory on time, and they could never accept an escort's invitation for refreshments after the play. Dances outside of MGH, even in the twenties, lasted well past the late-pass hours. If one were lucky enough to be able to arrange hours on duty so that an afternoon off preceded a free morning, then one could go to one's own or a

friend's home after the party, and thus enjoy the whole affair. But first hours, 7:00 to 10:00 in the morning, were very rarely free, since this was the busiest time at the Hospital and the whole nursing staff was needed on duty.

If a student stayed in the dormitory during her free time, she was apt to get extra sleep, do some personal laundry, letter writing, and studying, or go out to attend church. For some time after radios became a part of the American scene, they were not permitted in the dormitory because the noise would disturb the sleeping night nurses. When sleeping through breakfast was irresistible, one had to go hungry, since for decades there were no facilities for cooking on any of the upper floors of the dormitories. There was a little kitchen on the first floor of Thayer, but this was a restricted area, and the kitchen in the New Home was utilized mainly for preparing food for sick nurses in the infirmary and by the graduates. (A number of graduate nurses lived in the New Home in accommodations practically identical to those for the students—a single room without bath. After three years of student living, it was no wonder that some of the graduates set up a few rules of their own concerning refrigerator space, bathrooms, and the like.) Keeping food stored in dormitory rooms was forbidden for perfectly good reasons, and if a meal were wanted, the dining room was the only source unless food was purchased outside, a luxury that few could afford.

The ladies of the Advisory Committee for years took a special interest in the dining room, and in the quality and service of the food. A member's report to Miss Johnson after partaking of a noon meal there was frank and factual, sometimes favorable. Mrs. John Post, tall, dignified, and Boston-hatted, took a particular interest in the food and menus during the ten years that she was a member. Luncheon, she felt, should be a time for general conversation and leisurely eating, well-mannered and edifying. In all the years of her association with the School, neither her views nor, alas, the situation changed much. One pleasant feature of dormitory life for many years was the custom of having tea and cookies served during the afternoon, early enough so that night nurses and others could enjoy them before classes started at 3:00. The dormitory maid assigned to the first floor prepared tea, and

often the person in charge of the dormitory poured or was present. At intervals the Ladies Advisory Committee, aided by the Hospital's Ladies Visiting Committee, provided special teas, on such occasions as the arrival of a new class. Such flavorful small sandwiches, such attractive tea cakes, such hungry student nurses! Miss Johnson had to declare these teas off limits to all but the invited groups.

Once in a while a member of the Ladies Advisory Committee would take an interest in making a tennis court available for the nurses, but the space occupied by the tennis courts was gradually sacrificed to parking accommodations as the number of cars increased. The doctors and interns were eager to have a court of their own. The Hospital found it as difficult to provide for their recreation as for the nurses, and the medical staff were apt to assert prior rights, even expecting nurses who were already playing to relinquish the court. For nurses and interns to play a game together would not then have been countenanced.

By the late 1920s some of the newer nursing school dormitories, such as the one at the Johns Hopkins Hospital school, which Miss Johnson had visited, had swimming pools, gymnasiums, or outdoor recreational areas, but the MGH School had no such facilities. The more than 250 students carried on social or recreational activities rather spasmodically on their own.

Beginning in 1926 only two sections of new students, instead of three, were admitted each year. In the tradition of the School, the February section regarded itself as a class with awesome seniority over the September section. This group solidarity broke down in some individual cases, but because each section, as a unit, was rotated through the experiences and attended classes, the members felt less a class spirit than a section spirit, a fission that carried over into alumnae affairs. Having two or three sections rotating independently also made it difficult to select officers for the class as a whole. (The process later became much simpler when, in the 1950s, only one class was admitted annually.) The class of 1928, through the pioneering experience of putting out the first yearbook, overcame its sectionalism to a considerable degree. In the SNCA and the Glee Club, class lines tended to disappear.

A party for the entering section was always given by the previous

class—still called “the Probie Party” even after the term “probationer” was no longer officially used. The students arranged for the refreshments and provided the entertainment, which often included a mock demonstration of an operation or a nursing procedure. Teachers associated with the preclinical term attended; sometimes both Miss Johnson and Miss McCrae were present, enjoying the foolery. In one form or another this custom of a first party persisted through the years.

In February, also, graduation was held and the Glee Club sang at the ceremonies. When a student in the School had the background and ability to serve as director, it took less coercion to get the Glee Club prepared for at least two concerts a year. The alumnae holding reunions at graduation, as well as family and friends, particularly enjoyed this singing by the students in uniform. The Candlelight Service associated with Christmas was equally impressive, whether it was held in the Moseley Rotunda or elsewhere. School policies in relation to the Glee Club changed from time to time, but for a number of years the preclinical students were required to belong. At one time Christmas meant nurses and doctors caroling together before sunup in various areas outside around the grounds where the patients could hear them. (The heart of many a night nurse was lifted, too.) On Christmas Eve, for a number of years, Open House was held either in the Thayer or in the living room of the New Home (Walcott House), where a cheering fire in the fireplaces welcomed those who had been out in Boston’s cold while singing carols on Beacon Hill.

Through Christmas, graduation exercises, and the arrival and entertainment of a new section of students, the regular routine of work and classes went on without interruption.

Miss Johnson carried on a long campaign to secure the appointment of a physical-social director for the School, an effort that exemplified her tenacity and her methods of procedure. She first introduced the subject to the Ladies Advisory Committee in 1924, who proposed that she approach the student body and learn their reactions to the idea. A few months later, Mrs. Thayer advised Miss Johnson to keep her eyes open for a suitable person, because it was easier to ask for money to procure a

particular person, right for the job, than to request funds merely to fill a position. In April 1925, the students voted in favor of the proposal. More than a year later—October 1926—the Advisory Committee recommended to the Trustees the employment of a physical-social director; a month later, the Trustees authorized the appointment.

In February 1927, Miss Bertha Nelson, the first physical-social director, arrived to take up her duties. A graduate of the Sargent School of Physical Education, she faced a difficult task in trying to establish a recreational program. She recognized that seniors and, to some extent, the intermediate students had managed without her, and though she was helpful in many ways and actively supported the yearbook committee, she directed her attention mainly to the newest students. Her job had special complexities. Identified with the faculty by her position and associations, she was nevertheless there to work with the students in ways that differed markedly from the usual student-faculty relationships. Miss Nelson managed both her student and her peer relationships so that her role was accepted and her help welcomed. But because of their long hours of classes and study, and consequent fatigue, the preliminary students could not take as much part in her programs as they probably would have liked. As far as older students were concerned, often their irregular hours, the last-minute changes in their hours on duty, and affiliations challenged everyone's good nature and interest.

Miss Nelson recognized the evidence of homesickness among the preliminary students, and she may well have prevented more than one of them from leaving the School, for example by providing a timely party at Charles Street, where only those in the entering class lived. She arranged basketball matches with students at McLean, planned group expeditions out to Brookline for swimming, obtained free tickets for the Horticultural Society's flower show in March, and tackled the tennis court question anew. She also started teaching personal hygiene. When she had been at MGH a year and had impressed Mrs. Robert Homans of the Advisory Committee as being "a first-class person," the committee voted to have Miss Nelson attend regularly the first ten minutes of their meetings in order to give them a brief report on her work. She described the tours she had organized of Boston's historic

areas and the shops and museums. She had also set up a bulletin board featuring notices of free or inexpensive exhibits and entertainment. A sewing machine was acquired and proved to be most useful. Miss Nelson was uniquely helpful in making contacts with agencies such as neighboring Elizabeth Peabody Settlement House, so that the students could use their gymnasium for basketball, and the YWCA, which allowed the students to use their swimming pool. She mentioned to the Ladies Advisory Committee the need for a small fund on which to draw for such things as folding chairs and playing cards. She helped the students put on a play to raise funds for a light for Miss McCrae's projector.

Miss Nelson ended her work at the MGHSN during the winter of 1929-1930. There was so much respiratory tract illness that year that Dr. Washburn advised postponing graduation. Miss Nelson's programs were curtailed, and in January 1930 she told Miss Johnson that her resignation would be effective in February, on the third anniversary of her arrival. The School was without a physical-social director for the next five months. Of the interim period Miss Johnson later said, "These months without such a worker proved anew [her] value. . . . Today organized recreation has a new place in the field of mental hygiene and no group needs sound mental hygiene more than the student nurse group."¹

In June, Mary C. Murray became the new physical-social director. A contemporary of Miss Nelson's and, like her, a graduate of the Sargent School, Miss Murray had had useful experience in a variety of agencies in different parts of the United States in both small and large communities. As physical director for three years at Jackson College, Tufts University, she had worked with the same age group as the student nurses at the MGH. With the encouragement of Miss Johnson and the teachers, she continued the program begun by Miss Nelson: teas and dances, the bridge club, dramatics, folk and tap dancing, games, singing, dress-making and book reviewing. Tennis courts were available at the moment, and interest in archery was aroused. Miss Murray planned picnics and went on them with the students, and on swimming trips to the beaches. By maintaining and amplifying the program started by Miss

Nelson and through her own interest and influence, Miss Murray also made an important contribution in her three years at the MGH.

Another, quite different, personality on the School staff who played a meaningful part in student life was Nancy M. Fraser, a Canadian who after her graduation from the MGHSN in 1914 spent her entire career of forty-one consecutive years at the MGH. Her first position was that of assistant to the night superintendent of nurses, then Mina McKay. After this year she served as a head nurse until 1919, when she was made a supervisor. Miss Parsons, shortly after her arrival in 1910, had established in the Training School the position of office assistant, and when in 1920 there was a vacancy in this post, Miss Fraser was appointed. She was listed under this title among the officers of the Training School for years, even after one of her major duties had come to be the care of sick student nurses. No job descriptions then existed, and no list of her multifarious duties survives, but since the entire business of the Training School's operations centered in the Training School Office, staffed only by Miss Parsons' assistant, two day supervisors, and Miss Fraser, it is not hard to believe that she was the one who had to have the answers to "Where does one find this, what do we do about that, who can tell me . . . ?" In other words, she attended to all manner of things unassigned to anyone else.

In 1920 an interruption in a student nurse's health was of great consequence, but only a minimal program existed for its maintenance. Long hours, overwork, lack of recreation were all decried; serious illness was cause for worry and regret, but a carefully designed program for health and disease prevention had to be achieved piecemeal over many years. Very sick students were put under medical or surgical care in single hospital rooms, but there was no infirmary in the early years, and the student confined to her room in a dormitory received something less than optimal food and treatment. The extended dimensions of Miss Fraser's responsibilities were eventually reflected in her new title, "Supervisor of Health and of the Students' Infirmary."

During her thirty-one years in the Training School Office, Miss Fraser was the first one on duty in the morning and often the last one to

leave at night. No one was ever surprised to meet her emerging from an elevator or coming along a corridor at any time of day or night. If a student or graduate had to be hospitalized, she was sure of one visitor at some time in every 24 hours, and if an operation had to be performed, Miss Fraser stayed with the student. Her visits, with or without a doctor, were therapeutic. Whether she had less natural reserve or whether the nature of her position demanded less dignity, she was the one member of the TSO with whom even a probationer could feel comfortable. As the health aspects of student care developed, she became involved with all new students, and engineered hundreds of annual physical examinations and prophylactic measures.

Miss Fraser undoubtedly many times faced the dilemma of weighing the seriousness of the student's reported symptoms against the need for her to stay on duty. The student herself had to weigh the necessity of making up all time lost (an unenlightened policy of the State Board of Nurse Registration) against the wisdom of reporting off duty when she first felt ill, at a time conducive to rapid recovery. Most often, the student stayed on duty as long as she could force herself to do so. Any more sensible course of action might have been viewed by someone—head nurse, fellow student, or other—as babying herself. "Sick call" came at the peak of the morning ward work, which was another reason for putting off any acknowledgment of illness.

The Chief Resident in Medicine was assigned to the student nurse health service. Through the years many of these physicians attained eminence, but they did not forget Miss Fraser. She became a kind of symbol of stability amidst the everchanging personnel of the Nursing Department. To watch Miss Fraser and any one of her successive doctors proceed along the corridor was a pleasure: it was evident that theirs was no cheerless task. While the doctor strode along, Miss Fraser trotted beside him providing the details about her sick nurses. It was not unusual for some good-natured banter to be exchanged also. Some of the doctors enjoyed teasing her, and she could respond in kind. She taught them along the way, disciplined a bit, and respected and enjoyed them, and they, in turn, enjoyed and respected her.

Nancy Fraser must have walked a hundred miles a month from the

TSO to the New Home (Walcott House), from there to an OPD clinic, and on to some dormitory or hospital room. She was always recognizable, even at a distance, not only because for years she clung to the old custom of wearing black shoes and stockings with her white uniform, but also because of the way she placed her feet, which seemed loosely attached at the ankles. As she came nearer, an escaped lock of curly hair was likely to be evident, a condition she tried in vain to rectify.

Students used to wonder if Miss Fraser ever had any interest other than the MGH, any time of her own. Perhaps they did not observe that, on her Friday afternoon off, she and Walborg Peterson (MGH 1926) invariably indulged in an "overtown" shopping expedition. Miss Fraser was particularly devoted to a few close friends and to her church. Sunday mornings, after a visit to sick nurses, she attended the Park Street Church. The riches in her life seemed to stem from people rather than from special accomplishments or pursuits of mind. Returning graduates were sure to inquire for her or hunt her up for a rewarding few minutes of catching up on the news. Doctors who no longer spent much time at the General felt briefly at home again when they greeted her. She was a bit of an institution herself.

When Miss Fraser retired in 1955, graduate and student nurses arranged a party on the Bulfinch lawn. This was one of the rare times when she was seen out of uniform. Adorned with two corsages, she modestly and graciously received the good wishes of people from every department in the Hospital. The students gave her a table radio, and she received many other prized gifts. Yet she was leaving the General, her home those many years, the place where she had spent her life except for vacations.

In her retirement she returned to New Brunswick to join a brother, with whom she spent her last years. When word came to the MGH that she was ill, many were struck with the thought that she had almost never been ill during her years at the School. She was eighty-three when she died in 1958. Her brother established three memorials in her name: the "Nancy Fraser Memorial Fund for a Student Health Clinic" at the MGH; an endowed chair at the University of New Brunswick; and a carillon of chimes for the steeple of the Park Street Church. It is played

regularly, and on weekdays at nine, noon, and five, for those who know, it is Miss Fraser's bells that sing out some well-loved hymn.

The strength of an MGH nursing education was derived in this period more from the Hospital experience as a whole than from the compressed and quite elementary courses. From the earliest days of the School the most compelling influence had been the pervasive devotion to high standards of the men and women associated with the Hospital. This gave even a recently arrived student nurse a strong motive for persistent effort. Miss Johnson and Miss McCrae added special reinforcement to the creed that one's best was none too good for "the General," as everyone called the MGH. The almost immediate participation of the student nurse in the work of the Hospital also helped to cement her identification with it. She was so obviously needed and depended upon that it was impossible for her relationship to be detached or her interest to be academic. The experiences she had in wards and departments both reinforced the teaching and often fostered a wish to learn more than the courses afforded.

After the hectic preliminary term, there followed, in various patterns of rotation, medical nursing and the diet kitchen, surgical nursing and the operating room, Out-Patient Department assignments, and a tour of night duty lasting a month on a medical or surgical ward. After a period of some day duty on a ward, and before being given a night duty assignment, the student would have had a good many opportunities to learn how to bridge the gap between the two by serving during the 4-hour period designated relief or evening duty, from 7:00 to 11:00 P.M. In the years before straight 8-hour shifts became routine, it was not unusual for the head nurse to split a shift into two periods: 7:00 to 11:00 A.M. and 7:00 to 11:00 P.M. After a rigorous 4 hours at the peak of the morning's activities, the student who was lucky enough to have no classes might dash "overtown" by the quick route over Beacon Hill, for lunch and shopping in Filene's basement or elsewhere, and return to the General for a short rest before going to dinner and returning to duty at 7:00 P.M. for her second stint of the day.

After she had received the day report from the head nurse and all the

day staff had left, the nurse on evening duty provided all the nursing care, performed all the treatments, answered all the patients' lights, and made rounds with one or more doctors who came to check on the patients' progress. She charted, recorded, collected used items from the patients' bedside tables, answered questions, tried to allay fears, welcomed the night supervisor on her brief survey of the scene, cleaned up the ward utility room and kitchen, and generally tried to have all in shipshape order for the night nurse, who was due to arrive at 11:00 P.M.

The evening consisted roughly of two periods, before and after nine o'clock, when all lights were out except the one on the head nurse's desk in the center of the ward. Fortunate was the evening nurse whose head nurse insisted that the day staff leave the patients and their units in optimal condition and all work areas cleaned and well-stocked. A code quite universally accepted and drilled into students was the importance of doing everything possible to facilitate the work of the next shift. The evening nurse took pride in having the patients asleep, the care and treatments completed and recorded, all work areas in order, and the report ready when the night nurse arrived. What obstacles there could be to the realization of this goal! A patient's dressing might reveal a hemorrhage; an elderly person with a circulatory disorder, his confusion increased by darkness, might insist on getting out of bed; the house doctor might find that he had to carry out some procedure for a patient which required the nurse's assistance. It might be one of those evenings when the old, slow-filling water sterilizer was forgotten and water ran over on the utility room floor.

There were times when things went smoothly, but however those four hours were occupied, it was a triumphant if battered student who finally went off duty. Evaluation of what she had learned was far from her mind; she had completed the work as best she could—and survived an experience that she could not have imagined before entering training six or eight months ago. Perhaps not yet nineteen years old, she had been given full responsibility for twenty or more patients ranging from the convalescent to the seriously ill. Students developed courage, poise, and the ability to adapt to demands. The learning experiences were many and varied, but trial and error predominated over teaching and

guided learning. The outcome was measured only by such evidence of the student's ability as the proper checking of the treatment sheet and the cleanliness of the utility room. On evening duty no one reviewed the nursing care in process. What supervision there was came from the night supervisors, who could rarely spare time for more than a brief visit to any one ward.

The four-weeks' night duty assignment was a longer and more rigorous experience: the student had no more preparation than some time on evening duty and a reading of the night routines she was expected to follow. The evening nurse wished her luck, and on the first night she faced the eight hours ahead with some apprehension. In the Bulfinch Building, there was at least another student night nurse across the hall, but in the lower wards between the Brick Corridor and the Phillips House, night duty was a creepy, lonely affair. There was so much to do, with so many patients who warranted sympathy, that preoccupation with self was short-lived. The demands on the night nurse varied from ward to ward, but she rarely became bored or idle. It was not always wise to sit down at the desk around three in the morning to write up parts of the night report, because of the difficulty of staying awake. True, the pressures were spread thinner on nights than on evening duty, but during the hours before dawn some of the patients experienced their lowest, most threatening time. There would be some agonizing waits between the call to the night supervisor and her arrival on the ward or the doctor's appearance. They got there as soon as they could, but meanwhile the nurse was alone with the patient. Finally morning came, with the welcome sight of a student arriving considerably before seven to start some special duty such as taking the temperature, pulse, and respiration of all the patients before she went off to get her own breakfast. One received no more supervision and teaching on night duty than on evening duty. Reliance on self has its place but, with more understanding and maturity than most students brought to their first night duty, the educational values might have been increased and undesirable learning experiences reduced.

However eventful evening and night duty might be, the hubbub of day duty was missing. Just providing all the patients with hygienic care,

treatments, and medications could easily have occupied all the time of the day staff, most of whom were just learning how to provide such care. The interns came to the wards before the visiting doctor arrived in the late forenoon, at which time they all made rounds. On surgical floors, several patients would be prepared for operation and moved to the operating room; others would have their dressings replaced after the doctor inspected the incision; still others might have to be taken to the X-ray Department. Not very long after the noon meal, it would be time for visitors. Then began the arrival of patients to be admitted. The last of the patients who had undergone surgery would be returned to the wards (there were no recovery rooms). Constant movement into, from, and within the wards was the order of every day. No number of fragmented assignments could have provided the secure knowledge that came from repeated participation in all of these ward routines, and one reason the wards ran with relative smoothness was that almost all of the head nurses and students had been prepared in this same way to function in the MGH.

In addition to the ward assignments, all students had experiences in the operating room, in the diet kitchen, and in the Out-Patient Department, as well as an affiliation in obstetrical nursing.

The student began work in the operating room with the same preparation as for other areas, namely Miss McCrae's course in the preliminary term, and some clinical experience. That famous course, however, did not cover all the equipment, processes, and duties in the OR, and the student learned by doing, usually while helping another student who had been assigned to the OR earlier. Fortunately, after 1921 the supervisor of the surgical building had graduate nurses on her staff. These were recent graduates who stayed generally for a year, and among them were some who were calm, gentle, capable, and interested in students. What a blessing it was to catch sight of such a one coming in the operating-room door at the very moment when the last tube of catgut had been used! With one of these supervisors to tutor a student during her first "scrub," fear gave way to excitement and a great sense of accomplishment.

The OR day started at the latest by 7:00 A.M. A student would be assigned to cases as the schedule demanded, more often than because of any degree of skill or sophistication she had attained. Noon mealtime was apt to pass while she was still scrubbed and working, sometimes with no opportunity to get the crackers and cheese provided in the nurses' change room. Then after a late lunch she would be back to clean up, and make ready for whatever came next. If she were on call, there might well be an evening operation. The floor telephones in the New Home (Walcott House) always had a peculiarly imperious ring, but they never sounded so urgent as when one was on call. By two or three in the morning, the evening emergency would be over. To one who was not a nurse or doctor, it would be difficult to convey the sense of accomplishment, of belonging, almost of exhilaration that the nurse felt as she heard the OR swinging doors close behind her, and hurried through the nearly deserted corridors in the early morning hours, bound at last for bed.

No other experience provided more concentrated drama or, after the operating schedule had been completed, more unmitigated drudgery as supplies were replenished, surgical "sets" were made ready, and the operating rooms were prepared for possible emergency use or the next day's schedule.

In contrast, the diet kitchen was one of the more relaxed experiences of nursing education. In the days before trained dietitians and dietary departments were part of every large hospital, nutrition and cooking were considered an important aspect of the curriculum. Gradually, as the hospital nurse came to have less to do with food preparation, and private-duty nursing ceased to be the primary field of employment for graduate nurses, the emphasis on cooking diminished. Meanwhile the newer knowledge of the role of foods in the treatment of disease increased the significance of diet therapy.

The MGH School had acquired a "Diet Kitchen Instructor" sometime before 1910. Nothing under the heading of nutrition, however, appears in the curriculum until that date, when we find a course comprising 15 hours on food in health and disease, ten 2-hour lessons in invalid cooking, and one month of practical experience in the routine of

the central diet kitchen, including the preparation of extra and special diets and infant formulas. In 1917, the first nutrition laboratory was provided for the School, antedating the science laboratory by a decade.

By 1917, when the first *Standard Curriculum* appeared (see Chapter 9), the MGH School included in the preliminary term nutrition and cookery, a course of twenty 2-hour laboratory periods. Quite similar to the course recommended by the NLNE, this was designed to give the students an understanding of the principles and methods of simple cookery for well and sick people, to acquaint them with the nutritive values of foods and a well-balanced diet, and to help them understand and administer the ordinary hospital diets. At this time some foods were delivered uncooked to the wards. There the student assigned to be kitchen-nurse would prepare breakfast, coming on duty some time before 7:00 A.M. to cook the eggs, make the toast, heat the beverage, and the like. At other meals, cooked foods were sent to the wards and served according to the type of diet the doctor had ordered for the patient: House diet, soft solid, liquids with or without milk, for example. Special items ordered by the doctor were cooked by the kitchen-nurse on the ward. There was a time in the twenties when Miss Johnson called the attention of the Ladies' Advisory Committee to an inordinate increase in these special items, including steaks, lamb chops, and sweetbreads. Her protest was related not to the extravagance involved but to the amount of the students' time required for their preparation.

Another recommendation of the NLNE for the period when students were assigned to medical or surgical patients was a course of 10 hours in diet and disease. In 1920–1921 the MGH School provided far more—48 hours in the preliminary term to cover dietetics, cooking, and diets in various diseases. (In 1925 the New York State board of nurse registration required an experience of one month.) The recollection of this experience by a student assigned to the diet kitchen in 1926 may serve to show that a carefully imposed time requirement could be inadequate as a means of realizing the educational objectives which the state boards, the School's faculty, or the NLNE had in mind. It is also an example of the fact that it is easier to set up a legal requirement than to remove it

after its period of usefulness has expired. Let us examine one day described in the imaginary diary of this student of 1926.

Up at 5:15 A.M. to make the d.k. on time. Met my three classmates also assigned en route. We sat on the Domestic Building stairs for ten minutes because the d.k. door was still locked. Then to work.

Saul, the cook and general factotum, arrived to give us much sage advice on the making of bran muffins and how to beat the system.

What a pile of special diets! We sorted out all the orders from the wards, assembled brown paper caps and plenty of elastics for the containers, and put up the custards, pureed soups, juices, and diabetic diet items. Ward 7 was short three items yesterday, and the head nurse was furious.

My turn to prepare the raw liver today! If the odor and consistency overwhelm me as it comes out of the big blender, what must it do to the poor patients with pernicious anemia? We fix the liver with a layer of orange juice above and below—an "orange juice sandwich"! But it's not much of a disguise.

At 7:30 A.M., Miss T., the dietitian in charge, arrived and delivered an order from Miss Dennison. "The pupils in the diet kitchen were to go to the dining room for breakfast." She'd noticed that we hadn't been coming. Miss T. left for her breakfast, and we decided reluctantly that since Denny didn't miss a thing, someone must go to the dining room. I'd gained the most weight in this first week of d.k., so my classmates saw the wisdom of depriving me of some fresh orange juice, forty per cent cream, and other resources of the d.k. refrigerator. (There was no comparison between these delicacies and the "plain but good" food served in the dining room, including such dubious goodies as greengage plum ice cream.)

I got back to the d.k. just ahead of Miss T. Saul announced her return by loud banging of pots and pans so everyone was hard at work as she came in the door.

The telephone rang and rang. Ward 16 wanted three more Jellos; Ward 31 had some of Ward 7's special diet items, and so on. We scrambled around gathering up the missing links and set off for the medical wards, sure of a welcome from each head nurse or kitchen-nurse.

Back in the d.k. with all orders in their rightful places, we attempted to calculate the carbohydrate, fat, and protein content of diabetic diets. Saul had finally "got his work done," and we could think in peace and quiet. There was still much to be completed before we left for class.

And so it went with minor variations for twenty-eight days. The

food, the work, and the hilarious moments with friendly classmates are more lasting recollections than the educational values.

Not until the year 1928–1929 was it possible to reduce the first-term course in nutrition from 48 to 36 hours. Thus 8 hours were gained in the following term, while medical nursing was being studied, for a short course in diet therapy. This course, which utilized the case study method to focus on the patient's needs, was taught by Marion Floyd, whose significant service to the MGH began in 1927 and ended in 1949 when she resigned from the position of Chief Dietitian.

Obstetrical nursing had posed problems for the MGH School from the earliest years, at first because the Hospital did not provide this service and then, after maternity patients were cared for at the Phillips House and later at the Baker Memorial, there were too few to provide the appropriate experience for the large number of students. By the mid-twenties the Boston Lying-In Hospital had opened a large new facility on Longwood Avenue, complete in all respects except accommodations for private patients. Richardson House was later constructed for this purpose.

Students from the Peter Bent Brigham, the Children's, the New England Deaconess hospitals, and the MGH converged upon the Boston Lying-In Hospital for a three-months' experience. The BLI did not conduct a school in the true sense of the word; it received undergraduate students for affiliation, and postgraduates for special training. Education by affiliation always had certain disadvantages, among the most important being the complete break in continuity with one's own faculty and school. To what extent information about a student's abilities and prior experience were assimilated and utilized by the supervisor-teachers at BLI remained obscure. The students tended to feel that they had been deposited in a foreign situation. At first they felt a mild sense of freedom, but by the time a few weeks had passed, their home school came to seem the best place imaginable. It was not that BLI failed to provide experience and instruction, and becoming acquainted with students from other schools was always interesting, but BLI certainly was not

home. The very temporariness of the assignment was doubtless a factor in the feeling of not belonging; it was a community of transients.

The educational experience was similar to previous ones in certain respects; there were patients to be cared for, and the students provided the care. But here the patients generally lacked the pathological features that offered the most challenge elsewhere. The significance of the maternity cycle in the context of family life was not emphasized. The diversity of reactions among the mothers produced some shocked surprise among students who were supposed to be able to act as nurses to their patients. The students fortunate enough to be assigned to the nursery for premature babies had opportunities for giving excellent care in a challenging situation. Otherwise, the assembly-line rush to get through the morning routine in time to get the babies to the mothers for nursing, and back to the nursery on schedule, prevented the students from deriving much satisfaction from the experience and from giving enough support and instruction to the mothers. The delivery room held some fascination and some trauma for most students, but there was little opportunity to ventilate feelings with anyone more experienced than one's peers.

Every effort was made to provide each student with one "complete case" during her affiliation. Ideally the student became acquainted with the patient during her prenatal visits to the Out-Patient Clinic. Then when it was time for the patient to be admitted, the student might care for her, prepare her for delivery, stay with her during the delivery, and be at hand to bathe the newcomer. Postpartum care and the discharge from the hospital of mother and baby would complete the experience. The nature of obstetrical patients and the need to staff all departments tended to obstruct the realization of this plan, but even fragments made it valuable. This was the one best chance to learn to know the mother, to give her a feeling that personal interest was being taken in her, and to provide the student with opportunities for consecutive observations and nursing care.

When students were off duty at BLI they generally provided their own entertainment and recreation, usually away from the dormitory.

The hours were similar to those in the home School, and time off duty might be interrupted by classes. For some who were interested, the Boston Museum of Fine Arts and Mrs. Jack Gardner's remarkable home, by this time also a museum, were within walking distance. The proximity of the Harvard Medical School proved to be a variable in student life.

It seemed to be taken for granted that no one from the home School had any responsibility for keeping in touch with students while they were away. Only an untoward disciplinary matter was likely to open the channels of communication. Students were assigned, they moved to the affiliating hospital, they stayed three months, and they returned to their own hospital, now more aware of its advantages than before.

Another learning experience that all students shared was a contact with Miss Johnson in the classroom, once during the preliminary term and again in the senior year. This had the salutary effect of somewhat softening the image of the Superintendent as stern disciplinarian, which the system tended to create. Miss Johnson started her new students out with an all too brief 8 hours of "History of Nursing," stressing the achievements of the early leaders and the traditions and ideals they established. If the students could have taken the time from their already overwhelming program for background reading, and if there had been discussions to bring about better understanding of the nursing experience, some positive attitudes would probably have been strengthened. As it was, the lectures were interesting, and Miss Johnson's love and respect for Nursing were obvious to all. She also gave the new students 8 hours of "Ethics of Nursing," a series of talks explaining the rationale underlying the behavior expected of student nurses and the rules of the School and the Hospital. The points firmly established were that one's best was none too good for "the General" and that unusual demands would be made on student nurses, thus enabling them to exemplify all that was best in the School's concept of the perfect nurse.

Miss Johnson always wore her uniform to these classes. She emanated a solid wholesomeness, some humor, and considerable zest for her work. The students benefited from her presence and her message, but

even more from the rest afforded by class hours that were quite undemanding.

The problems that Miss Johnson probably met in reaching the seniors were of another order. Within sight of graduation, students had arrived at a hitherto unknown level of security. They even dared to be bored by matters unrelated to their immediate interests. They had been through the crucible of the training experience, and each had learned, according to her lights, how to balance the ethical principles against the demands of exigency. Therefore, to hear more from Miss Johnson on how to apply the principles to one's future work and personal life was not likely to effect change. If, at several periods during the three years, it had been possible to gather in small groups to explore the myriad concerns arising from daily experiences in the Hospital and in one's personal life, how much benefit might have been derived and cynicism diminished? With whom could these matters have been discussed? Not until many years later were some answers found to these problems.

Miss Johnson used some of the 24 hours of "Nursing Problems" to answer questions concerning State Board examinations and registration outside of Massachusetts. Miss Johnson shared her own experiences with the class. Her salty wit and practical good sense were appreciated. The seniors would have benefited from more informal contacts with her, though it is doubtful that many thought so at the time. They still steered clear of authorities, a basic principle not laid down by Miss Johnson, and one that she probably tried, in every way she could, to avoid having applied to her. She also strongly urged the seniors to join their Alumnae Association and the nursing organizations, to read, and even subscribe to, nursing journals.

The years immediately following 1929 were years of economic hardship throughout the nation. Most of the School's alumnae took cuts in salary or experienced losses in earnings, but the Alumnae Association did not forget the financial needs of the School, its graduates, and its students. In 1931, the Endowment Fund Committee reported \$33,925.91 on hand from its continuing efforts following the fiftieth anniversary. The Alumnae Association also had in mind the MGH graduates who

were preparing themselves by further education for positions in teaching, supervision, the administration of nursing schools, and public health. The considerable expense of college study was more than many could manage without help. At the October 1928 meeting of the Alumnae Association the question of establishing a loan fund was discussed, and the next year Clare Dennison, then president of the Alumnae Association and a recent postgraduate student herself, brought more information from Teachers College about loan funds that had been established in other schools. The Association established a Loan Fund Committee, and Adaline Chase, the chairman, and the members began a drive by sending out a form letter to each alumna asking for her support. The goal was \$2,000, from which they hoped to be able to make a yearly loan of \$500, this sum to be paid back over a four-year period. Miss Johnson assisted with details, and Helene Lee, a member of the committee, received contributions. By the time the September 1929 *Quarterly Record* was published, the committee was able to report enthusiastic responses from 216 graduates of the classes from 1879 to 1929 and the receipt of \$732.45. Contributions continued to come in; the graduate nursing staff at MGH contributed \$158.60, the proceeds of a dance they sponsored. With \$1,805.37 on hand, the first loan was made to a graduate of the class of 1928 for the year 1930–1931 at Teachers College. By June 1931, 470 subscribers had brought the amount to \$2,000, and the committee anticipated making a second loan for 1931–1932.

During the Depression, assistance in meeting the costs of illness was more than ever necessary. The annual report of the treasurer of the Sick Relief Association in May 1931 showed a balance on hand of \$13,750.43. The total membership was 191, and eight full and three partial benefits had been paid. Concern about regulations regarding the use of the Alumnae Association's endowed bed at the Hospital had led to the appointment of a committee in 1931 to review the original action of 1908 and to consider another such endowment. The times were clearly not auspicious for raising the necessary \$5,000 but the committee hoped that, some time in the future, graduates of classes after 1908 might take the lead in securing funds.

Mutual aid and financial support of an endowment for the School

were not the only concerns of the Association. In addition to the usual business, speakers from the greater Boston area discussed diverse topics at the regular meetings. The graduation exercises in January became a time for reunion. Elsewhere, wherever there were clusters of MGH graduates, groups met periodically; this was a regular occurrence both in western Massachusetts and in New York City. Almost since her arrival at MGH, Miss Johnson had served on committees of the national nursing organizations, whose headquarters were in New York (she was a director of the NLNE from 1929 to 1935). When word arrived that she was to be in New York (sometimes accompanied by Miss McCrae), prompt action would be taken to notify all graduates within easy travel range, and a good reunion would take place, informal and filled with news of the MGH and the School. At the annual conventions of the League or the biennial conventions when all three nursing organizations met, the clan would gather for a breakfast or luncheon meeting, with Miss Johnson giving an informal report. She enjoyed these contacts, which served to acquaint alumnae with each other, to foster camaraderie, and to sustain support for the School. There was opportunity too, for visits with former School personnel who were not MGH alumnae, such as Miss Hawkinson, who also served on League committees. The MGH nurses who held administrative and educational positions in Nursing and were active in the work of the national organizations enjoyed a rather special relationship with Miss Johnson and with each other.

At the February 1933 graduation, Miss Johnson reviewed in her report some of the gains and losses of the period. New projects at the School and Hospital had had to be postponed, but that meant more energy for the analysis and improvement of continuing activities. Because it was harder to find jobs, some of the staff had stayed longer at the School, thus increasing their experience and value. The physical-social director had helped students whose allowances from home had been curtailed to enjoy many inexpensive activities, which had done much to sustain their morale. Miss Johnson was thankful that the Marion Moir West Loan Fund, when nearly depleted, had been replenished by gifts from the graduating class of 1931 and from "our staunch

friends," the Ladies Advisory Committee. The presence of 74 graduate staff nurses among the 177 graduates employed at MGH was evidence of progress. Miss Johnson identified needs of the School that seemed even more urgent in the perspective of her own recent studies, but these, she said, did not discourage her; rather, they suggested goals for new efforts. She concluded:

Graduating classes are told that the hospital has given them a valuable preparation for life, which is true, [but] every class should also be told that they have made an equally valuable contribution to the hospital. Hospital funds are not sufficient to pay for the actual care which these students have given to the patients of the hospital, and no amount of money can pay for the unselfish, loyal, and continuous service of a group of enthusiastic and intelligent student nurses. In giving this service they become part of an unspoken tradition at the MGH, shared in equal measure by Trustees, administrators, lay committee members, and professional staff.²

Miss Johnson was ready to start the second half of her years as Superintendent and Principal in that tradition.

CHAPTER 16

Rising Standards for Nursing Schools

THE *Standard Curriculum for Schools of Nursing* published in 1917 ✓ (Chapter 9) had been in use for about six years when the Education Committee of the National League of Nursing Education began preparing a revision. Isabel Stewart, ✓ Adelaide Nutting's successor in the professorship of nursing and health at Teachers College, had replaced Miss Nutting as chairman of the committee, which had been expanded to include more representatives from university programs and from the Education Committee of the National Organization of Public Health Nurses. Mary M. Roberts, editor of the *American Journal of Nursing*, and Blanche Pfefferkorn, the NLNE's executive secretary, were other new members. The committee had awaited the publication of the Goldmark Report (Chapter 14) in order to decide how far they might go in adopting its recommendations. Numerous subcommittees had been appointed, their members including nurses and others chosen for their expert knowledge of a particular field or subject, such as nutrition, biology, chemistry, mental hygiene, and public health nursing. At least a hundred people were involved. After considerable preliminary study, the revision of course outlines began. Some four years later, in 1927, a new *Curriculum for Schools of Nursing* was published. ✓

Although the original *Standard Curriculum* had been well received, some misconceptions had arisen about its purpose, and some concern regarding its recommendations. As Isabel Stewart explained in the early stages of the revision, the first curriculum had been intended neither as a model nor as a required minimum. In many instances, however, it had been regarded as the Word from on high, to be adopted without regard for its suitability in a particular situation. The misleading term "standard" was therefore dropped. Furthermore, members of the health pro-

fessions and some representatives of the public were given extensive opportunities to review the content of the new curriculum while the revision was in progress. Materials in trial state were published in the *American Journal of Nursing* or sent out by the League to secure the reactions of as many people as possible. Early and wide familiarity with the new recommendations as they took shape was much to be desired, since they would include not only changes in subject matter and hours, but also new points of view about curriculum construction.

These new approaches to curriculum lay outside the experience of many of the directors or teachers in schools of nursing, although those who had graduate study at Teachers College or who were associated with university programs were well informed. There was a new emphasis on defining objectives. The whole field of vocational education had developed in recent years. In an effort to determine what the student should be prepared for, analyses of nursing functions were being made, so that practical objectives might serve as the foundation of curriculum construction.

A chronic problem in Nursing had been the confusion and uncertainty as to the nurse's duties and responsibilities. Nurses were frequently employed in work for which the traditional training program did not prepare them, and they were often far from sources of help or supervision. In the absence of a clear understanding of objectives, no one, whether a school administrator or teacher or a hospital administrator, trustee, or medical staff member, really knew whether a course of study for nurses was adequate or not. Each of these individuals was apt to have a different model of the school in his or her mind—a motley collection at best. The NLNE's Education Committee and its associates prepared a guide, which they circulated for criticism among nurses, doctors, and some employers of nurses before adopting it for use. Though acknowledged to have some deficiencies, it was believed to represent "fairly well the duties and responsibilities which the rank and file of nurses are now carrying, and for which the school of nursing must prepare them."¹

In order to specify objectives, certain premises had to be established. These reflected the criticisms of nurses that had come from a number of quarters during the last decade, with many of which the leaders in the

nursing profession agreed. A basic premise to all fresh thinking in the 1920s, particularly after the publication of the Goldmark Report, was that "health nursing is just as fundamental as sick nursing and the prevention of disease at least as important a function of the nurse as the care and treatment of the sick."² Every nurse by definition should be a teacher of health. It was also felt that nurses should be better informed about the social conditions affecting patients and their cure. Ignorance of social and human factors in their work was one of the severest criticisms of nurses, a deficiency attributed to the almost exclusive stress in training upon the physical and technical side of Nursing. The *Standard Curriculum* of 1917 had timidly recommended a course in psychology³; this was now firmly advocated—a reflection of changing attitudes towards the understanding needed by nurses. The need for some acquaintance with sociology was acknowledged, but the most relevant elements from this discipline were not yet included.

One widely recognized deficiency in the 1917 *Standard Curriculum* had been the little time it allotted to teaching the basic sciences, and the lack of demonstrations and individual laboratory work. The new version assumed that more thorough grounding in the sciences was essential.

The 1927 *Curriculum* recommended the case study method of learning, which had not been generally utilized before in schools of nursing. This was seen to be a way of focusing the student's attention on the diverse elements and ramifications of the patient's illness, including his life situation, program of care, and health needs. With such understanding, nursing care could be adapted to help the particular patient. The case study method would offset the routine functional work assignments made on the wards, and help the student independently fill in gaps in her clinical knowledge, as well as deepen her understanding of the patient as an individual.

The Education Committee had taken a firm stand on the realm and purpose of the nurse. Its opening statement on "Practical Objectives in Nursing Education" began by declaring that "the nurse belongs to one of several professional groups within the general field of medicine," sharing with them in "the effort to care for the sick, to cure disease, to

prevent suffering, and to promote a high standard of health both in individual and community life. The ultimate object is to make life safer, happier, and more useful for all members of the community.”³ Readers of the revised curriculum were reminded that nurses were expected to care for people of all ages, levels of intelligence, and social and economic backgrounds, from one end to the other of the spectrum of health or illness; and that they had to be prepared to work in diverse places and under all kinds of conditions. Since, in addition, the amount of guidance or supervision given them in their practice would range from considerable to none, the traditional “rule-of-thumb” education and militaristic discipline would not prepare them to make the thoughtful, analytical decisions that would have to be independently arrived at. The specific duties and responsibilities of the nurse that were listed as practical objectives reflected these assumptions.

In the ten years intervening between the two curricula, the MGH School, like others eager to improve, had made gains; plans for more were underway. A comparison of the MGH course of study and the 1927 League curriculum reveals an old and unsolved dilemma; in both plans the first term imposed a load that was far too heavy even for very good students. Three science courses and the basic course in nursing principles and practice were included, plus four shorter courses. In this preliminary term the League now allotted 180 hours to the foundation courses in anatomy and physiology, bacteriology, and chemistry; the MGH School, 134. Miss McCrae’s course, with 180 hours of class and laboratory, remained the longest one at the MGH. At this time MGH students also had 21 hours per week of ward practice in the preliminary term. The League recommended 90 hours in the basic nursing course in each of the first two terms, with not more than 16 hours per week of ward assignment, which would leave 22 hours for study. MGH students were scheduled for 697 hours in the preliminary term, which averaged out to better than a 43-hour week—exclusive of the hours necessary for study. Unaccountably, there were people who continued to wonder why many students were not eager to study once they had passed the preliminary term.

In the remaining terms, MGH students had only 368 hours of classes,

but because of the heavy basic nursing course, their course hours over the whole three years of MGH training totaled 1,065, in contrast to the 825 which the League suggested. It should be noted also that at the MGH, class and study hours were superimposed on 52 hours of day duty or 56 hours of night duty per week. The wisdom of adding any more classes to such a load was questionable; no reduction in ward hours was imminent.

More important than adjustments in hours and courses was the need to redesign the MGH curriculum (and those of other schools) so that "the social, preventive, and teaching elements of nursing"—which, the 1927 *Curriculum* stated, "should be taught in all good nursing schools"—would not be offered merely as "a special illumination at the end" or as an antidote to "that peculiar derangement of social vision which unfortunately affects many nurses [and] makes them indifferent to everything outside their own walls, or beyond their technical duties."⁴ The desirable goal was thoroughly to integrate health and prevention into the curriculum, and into learning experiences in community agencies, and also to impart some knowledge of psychology which could aid in the teaching of patients and families.

One has only to reflect on what would have been necessary to accomplish this to understand why progress was slow. If the educational program of a school could have been suspended for a month or two, freeing the teachers and supervisors from their pressing daily routines, they might have worked out together the changes and innovations most needed. Even so, there would have been difficulties. To expand the course of study would have jeopardized patient care by taking student nurses off duty. As we have seen, the doctors who taught most of the clinical classes were prone to emphasize the technical-pathological aspects to the exclusion of the social-preventive—understandably, since these last aspects had not yet been included in their own curriculum. Except for those in the OPD who had public health nursing experience, most instructors and supervisors held the hospital-centered point of view. In any institution there were irresistible forces and immovable individuals.

Yet a look at the course of instruction for 1928–1929 shows what the

School was accomplishing through its classroom instruction. Social service workers discussed the social aspects of the various groups of medical diseases. There was an 8-hour series of lectures on the fundamental principles underlying human conduct. A separate 15-hour course was now being given on communicable diseases. Pediatrics, though the course was a short one (24 hours), included the physical and mental development of normal children as well as appropriate diets for both sick and well children of various ages, and there was some discussion of the social aspects of infant morbidity and mortality. An affiliation in psychiatric nursing had not yet been achieved, but there was a 16-hour course that included four clinics held at a psychiatric hospital. Principles of public health was now established as a 30-hour course featuring lecturers from or visits to various community agencies. Another 12 hours was given to sanitary measures for the health protection of individuals and communities. In two lectures Ida Cannon described the living and working conditions of typical patients in the MGH wards and how her medical social workers approached their problems. Members of her department participated in various courses at the School by discussing the social aspects of convalescence and chronic illness. A generous estimate of the time devoted in all courses to personal, psychological, social, and preventive aspects of health and illness would be about 70 hours, or roughly one-fifteenth of the total. The use of case studies in various courses and ward teaching strengthened these emphases.

The 1927 NLNE *Curriculum* assigned 116 hours specifically to these aspects of training, in addition to recommending their integration into the subject matter of other courses. To begin, the committee advocated spending 15 hours on a broad approach to the use of case studies as a method of learning. For obstetrical and pediatric nursing, 30-hour courses were recommended, with considerable time devoted to prevention and health. In communicable disease nursing, 5 hours were to be given to tuberculosis and 6 hours to the venereal diseases, in addition to other diseases. A full course in psychiatric nursing was included, preceded by 30 hours of psychology. Modern social and health movements (30 hours) included the study of the medical and social problems of industrial workers, various age groups, and people with certain diseases,

together with related organized health movements and health education programs; this course was to follow one on the elements of social science.

Exactly how the MGHSN compared with others in the top 5 per cent of the hospital-conducted schools has not been determined precisely, but with the exceptions noted here and in the account of the grading studies, it was making commendable gains in the presence of some challenging odds. The League's 1927 *Curriculum* provided enough faculty-stretching recommendations to keep the schools occupied during the ten years that passed before the next revision was published.

In their efforts to improve education, Nursing leaders as early as 1900 had recognized the need for some authoritative compendium of information about training schools that would make it possible to distinguish the better institutions. A study analogous to the Flexner Report on medical education was evidently needed, but the National League of Nursing Education deferred action to await the recommendations of the Goldmark Report. In 1925 the NLNE began a search for funds. A gift from Mrs. Frances Payne Bolton enabled the work to get underway, and the Rockefeller Foundation and the Commonwealth Fund gave some assistance, but nearly one-half of the \$300,000 budget for what became known as the Grading Studies was supplied by nurses themselves. Contributions were made by the League, the American Nurses Association, the National Organization for Public Health Nursing, individual nurses, and by numerous school alumnae associations. It was an accomplishment that amazed people outside of Nursing who came to be associated with the project.

Given both financial and moral support from nurses, the League invited the participation of the national organizations representing the medical, hospital, and public health fields. In 1926 a Committee on the Grading of Nursing Schools was formed, an autonomous group of twenty, with Dr. William Darrach, dean of the Columbia University medical school, as chairman. Included were experts from the field of education and lay members, in addition to the fourteen representatives of the American College of Surgeons, the American Hospital Association, the American Public Health Association, and the three national

Nursing organizations. The American Medical Association joined the work at the beginning but then withdrew. The committee selected as director of studies May Ayres Burgess, a statistician, who had recently completed a study of private duty nursing in New York State. The sympathetic insight of her decisive reports, her vigor and staying power, and her exceptional ability to clarify findings both through use of the then new graphic techniques and through her own pungent statements proved Mrs. Burgess to be a most fortunate choice.

After surveying the problem the committee adopted a program that went far beyond making a classified list of nursing schools. It was agreed that classification must be deferred until two questions had been answered: 1) Was there still a shortage of nurses in the United States? 2) Was the kind of nurse the hospitals wanted also the kind wanted by the public?⁵ Its first task, the committee stated, must be a "study of ways and means for insuring an ample supply of nursing service, of whatever type and quality is needed for adequate care of the patient, at a price within his reach."⁶ Three major projects were planned: an investigation of supply and demand for nursing service, a job analysis, and the grading of nursing schools.

To determine the facts about supply and demand, Mrs. Burgess sent questionnaires to doctors, hospitals, registries, and patients, and to nurses who were engaged in institutional, public health, and private duty nursing. Her findings were published in 1928 in the book *Nurses, Patients, and Pocketbooks*, subtitled *A Study of the Economics of Nursing*. Despite some inkling that an oversupply of nurses existed, it had been commonly believed that there was a shortage. Statistics now showed a definite surplus, but a surplus that was found in cities, not in rural areas, and existed at some times, and not others. Uneven geographical distribution was but one aspect of the problem. There was a conspicuous lack of nurses qualified for the care of patients with mental disorders and communicable diseases, for the care of some children's conditions, and for certain types of public health nursing. There was a chronic dearth of prepared teachers and administrators for nursing schools. If schools were to continue to multiply, if hundreds more nurses were to be graduated annually (some of them poorly qualified because of in-

adequate education both before and during nursing school), a state of affairs already precarious could become calamitous. Unemployment before and during the Depression was shortly to dramatize the truth of these predictions.

This first study showed also that a trend away from private duty nursing had already been established. This kind of employment was becoming increasingly irregular and insecure; the hours were very long and the net income small. Public health nursing was attractive, but nurses were unprepared even for staff positions, to say nothing of administrative posts. General duty positions in hospitals that conducted schools were few; and, conditioned by their own training experiences, most graduates considered these positions undesirable. Let the students do that work! In their reckoning of income the graduates were apt to forget that the general or floor duty nurse was supplied with board, room, and some laundry, and that therefore her seemingly meager paychecks could well total more than the net income of the private duty nurse.

One of Mrs. Burgess' findings that gave comfort was that both physicians and patients generally found more to praise than to criticize in their nurses, though there were some individuals who did not measure up to desired levels of performance, personal adjustment, or intelligence. In these cases, the question arose why they had ever been admitted to a school. The usual and all-too-familiar answer was the need for inexpensive hands and feet in a given hospital.

The facts revealed in *Nurses, Patients, and Pocketbooks* were well aired, not only in the Nursing literature but also to the general public, and between 1929 and 1932 the total number of nursing schools was reduced from 1,885 to 1,781.⁷ The number of graduates, however, in fact increased; the bigger schools were either maintaining or actually enlarging the size of their classes. In 1932 the number of graduate nurses was reported to be 25,312, as compared with 14,980 in 1920. Obviously, facts and figures had had little influence on the admission policies of training schools.

The committee was well aware of other important questions. Their findings pointed to the need for cost-accounting studies in hospitals, for

✓ surveys to determine the ratio of nurses to doctors and to the population, and for experiments in the delivery of nursing care that might ✓ both reduce the cost to the consumer and spread employment among nurses. Time and a limited budget, however, made it imperative that the Grading Committee proceed with its program. Mrs. Burgess spoke of the steadily increasing value of the committee's group discussions. If such discussions could be extended to include more members of the constituencies represented, she felt, nurses would win their reforms more quickly. "Each of the more important conclusions reached in this report," she pointed out, "had already been suggested years earlier"; indeed, many were published in the Nursing literature. The difference was that the conclusions were now based on statistics representing the actual experiences of thousands, rather than on mere opinion.⁸

At the ✓ League's annual convention in 1928, Mrs. Burgess addressed the assembly. With the committee's first report completed, she took the opportunity to praise the intellectual integrity of the nurses who answered the questionnaire, which had permitted such a searching study. The facts, she said, pointed to four tasks. The ✓ schools must admit fewer students, while seeking applicants of higher ✓ caliber. The major part of ✓ bedside nursing in hospitals should be transferred from students to graduate nurses. To induce hospitals to hire these graduates, it would be necessary to improve the quality of care and to help the hospitals find ways of meeting the increased cost. Finally, more public support must be secured for nursing education, which, she emphasized, should be ✓ regarded as a public rather than as a private responsibility.⁹

Many outside of the nursing schools were astonished by the fact that many superintendents of nurses preferred to use students rather than graduates for nursing services in the hospital. Their reasons included the lack of turnover (because the students must remain three years), and the fact that students did what they were asked to do without argument. It seemed not to occur to the superintendents that authoritarianism was likely to create either sheep or rebels. In her candid way, Mrs. Burgess commented that this attitude was "perhaps the clearest indication which the Grading Committee had yet gathered that something is wrong with

the present situation in nursing.”¹⁰ In other fields of endeavor, senior professionals considered graduates to be more interesting than students, and took pride and delight in them when they developed successfully. Mrs. Burgess urged that hospital floor duty be made an honor for graduate nurses, and that the best students in each class be selected for this work when they finished their training. She referred to experiments underway which indicated that such a plan might be fruitful. As she announced that the next project of the committee would be the actual grading of the training schools, she said, “The next few years are going to be an adventurous time for the nurses!”¹¹

Hospitals and schools had anticipated the process of grading with increasing uneasiness. Because it expressed the committee’s original intent, the term “grading” continued to be used even though it conveyed an undesirable impression. During 1929, in the pages of the *American Journal of Nursing* Mrs. Burgess attempted to reassure the nursing schools. “The chief purpose of the first grading,” she said, would be “to discover what the educational picture really is.”¹² The focus was to be on the schools’ real assets and liabilities. All too well aware that the assets were usually outweighed by the liabilities, many superintendents of nurses dreaded the outcome of this new study. The Goldmark Report had involved only twenty-three schools, all selected because they were believed to be representative of desirable practices in nursing education at that time. Even the best had proved to have their full share of weaknesses.

However, there were several reassuring features in the grading study. The schools had the option of volunteering for the project, there would be no inspectors, and actually each school would prepare its own report on the forms provided. No abstract ideal standard would be applied to the findings; rather, each school would learn how it compared with others in different areas. There was to be no ranking, as in class A, B, or C, but each school would see how near it came to the top. The results would be confidential, transmitted only to those responsible for the school. Mrs. Burgess stressed that the task was not to pass judgment, but to report, so that each hospital could improve the quality of its nursing

education program. The committee, she said, considered the two most important elements in any school to be “the student material and the faculty.”¹³ Weaknesses were thought to exist in both areas.

Despite their fears, when hospital and training school officials received the invitation that the committee issued to every state-board-approved school of nursing in the United States, nearly 1,500, or 74 per cent, of the schools accepted. The *American Journal of Nursing* warned its readers that the self-survey package would reach the schools before mid-May of 1929. “Grading Week” was to be May 12–18, an auspicious choice of dates, Mrs. Burgess thought, because May 12 was the birthday of that “passionate statistician” Florence Nightingale. An editorial in the same issue of the *Journal* urged the faltering to find inspiration in Miss Nightingale’s example “in these troublous times of adjustment of the old educational forms to new demands upon nurses.”¹⁴

Sally Johnson at the MGHSN was one of the hundreds of nursing school superintendents who opened the large envelope containing forms for reporting data. The director of each hospital was to supply certain information about the hospital and the training school. The superintendent or principal of the school was to provide a detailed report on the bedside nursing load, the student body, the teaching staff, and the classroom and practice records of the entire class of 1928. Additionally, each graduate nurse and each student nurse was to complete a record about herself. Since the MGH class of 1928 was the School’s largest to date, the work of assembling and recording the facts must have been arduous. Miss Johnson had a few pungent remarks for her Advisory Committee when she reported the task completed. She is known to have been something of a fact-gatherer herself, however, and it seems likely that most data were readily available, as was not the case in all schools. In fact, one of the outstanding benefits to emerge from this study was a uniform system of keeping records. (The NLNE later made a great contribution through its preparation and distribution of record forms.) In a typical two-edged thrust, part praise and part goad, Mrs. Burgess said, “It is quite clear that any school which knows what it is doing is apt to be a better school than one which does not know, and therefore

credit should be given to those whose records are so complete that they can answer all of the grading questions.”¹⁵

In 1931 a second grading study was undertaken, to review the progress made and to give schools that had been unable to deal adequately with the first study an opportunity to participate fully. After each of the two studies, Miss Johnson reported to the Advisory Committee the findings in general and those related to the MGH in particular. She reviewed the important organizations represented on the Grading Committee and remarked on individual members best known to the Advisory Committee, particularly two who had been at the MGH: Dr. Joseph B. Howland, then superintendent of the Peter Bent Brigham Hospital, and Helen Wood, who had become director of the Simmons College School of Nursing. What the Advisory Committee learned of the Grading Committee's work was derived from both the 1929 and 1931 reports; a summary follows.

Since 97 per cent of the schools were hospital-conducted, the quality of the hospital was of prime significance; and certain objective criteria for determining this had been defined. The MGH, approved by the American College of Surgeons, a member of the American Hospital Association, and approved for intern and resident training by the Council on Medical Education and Hospitals, met these criteria and more. Each school of nursing, in addition to its administrative relationship to the hospital, was expected to have a training school committee, which the Grading Committee believed should exert “a real and powerful influence over the policies of the school.” In this respect the MGH Advisory Committee did not exert as much influence as could have been wished. The report stressed the importance of having the training school superintendent attend those meetings of the board of trustees in which the nursing service and nursing school were discussed; Miss Johnson acknowledged that this rarely happened at the MGH. Nor did the MGH School operate on a budget, a practice strongly advocated by the committee, though in 1931 only 20 per cent of the schools studied had adopted this mode of operation.

Between the first and second studies, some improvement had occurred in many schools, but the system of nursing education in the

United States was still weak. Even in a hospital with strong organization, ample clinical facilities, and a high level of medical care, a school might show areas of weakness because it lacked adequate funds and endowment. The grading studies dealt in detail with students, faculty, and curriculum. The MGH School had for some time required that its students must have graduated from high school. In 1929, 27 per cent of the schools did not have such a requirement. During World War I and later, the MGH School had attracted a number of students with bachelor's degrees or some college training. Miss Johnson regretted that this group was now diminished, she believed because there were now many more schools to choose from, including the one at Yale, where a student with two years of college could graduate with a degree in only two years and four months, compared with the three years required for an MGH diploma alone.

One of the conspicuous strengths at the MGHSN was its faculty. The grading studies showed that 42 per cent of the schools in 1929 were operating without even one full-time instructor. Fifty-one per cent of the nurse instructors had no college preparation, and superintendents of nurses and teachers rarely stayed as long as three years. The MGH School, in contrast, had four full-time instructors, and many on the staff had had long experience and some college preparation; the combined number of years on the faculty for Miss Johnson, Miss Dennison, Miss McCrae, and Miss Smith in 1929 came to a total of forty. Miss Johnson had also been able to increase the number of day and night supervisors, though a problem here was their burden of service functions, which limited the amount of classroom or ward teaching that they could perform.

The Grading Committee did not support the view that if students worked in a hospital for three years they automatically became well-educated, proficient nurses. In fact, the committee found appalling the long hours of duty and limited class and study time in most schools. Even in 1931, 96 per cent of the schools in the second grading study assigned their students to 8 hours of duty, in addition to class hours and study time. The MGH not only belonged to this group but received criticism for the amount of overtime it exacted, as well as for its prac-

tice of giving two half-days instead of one full day off a week, and three weeks of vacation a year instead of four. With students working such heavy schedules, in constant contact with sick people, it was considered essential that their physical condition be reviewed at least once every year. In 1929, the MGH was among the 2 per cent of schools that had given all their students a physical examination within the previous twelve months.

In the two grading studies, the curriculum prepared by the NLNE in 1927 was used as a basis for comparison. As we have seen, the League had recommended 825 hours of theory during the three training school years; the average school gave 761 hours, the MGH School, 972.¹⁶ The ratio of instruction in theory to practice considered desirable was about 1:7; the MGH, after the preliminary term, had a ratio of more nearly 1:17.¹⁷ (No one who helped prepare the League's 1927 *Curriculum* believed that 825 hours was adequate time for teaching the thirty-two subjects recommended, but as faculty members themselves they recognized that to suggest more was completely unrealistic. Even ward teaching placed an inordinate burden on everyone concerned in 1929, since there were no graduate staff nurses to care for the patients at the MGH or in two-thirds of the other schools graded.)

Neither the MGH nor most other schools studied had an adequate library; 50 per cent had fewer than 160 reference books suitable for use. Not until 1931 did the MGHSN acquire even a small room with bookcases and study tables to use as its professional library. The review of the clinical experiences of each school indicated that surgical experience was still far in excess of the educational need and that the correlation of theory with practice was still minimal, but many schools had no plan whatever. A universal criticism was the students' almost complete lack of experience with patients who were mentally ill, despite the fact that approximately half of all hospital patients in the United States were in psychiatric hospitals. The need for such training had long been recognized at the MGH, whose Trustees had administered the McLean Hospital for psychiatric patients even longer than they had the General Hospital, but it had never been possible to spare students from the General long enough to give all of them experience at McLean.

The Grading Committee ended its program in 1934 with its final report, *Nursing Schools, Today and Tomorrow*. In this same year it also published *An Activity Analysis of Nursing*. All its fact-finding studies were valuable for years to come. Disappointment and frustration were expressed in some quarters because the standards recommended were so moderate and there had been no actual accreditation of schools of nursing. Many years afterwards, Mary Roberts in her history expressed the view that it was a good thing that no classification did emerge from the grading studies of 1929 and 1931, in view of the outcry and bitterness that greeted the first real accreditation of nursing schools when it occurred eighteen years later.¹⁸ (Certain themes in nursing education were replayed for decades, like a record.)

A major stumbling block in 1931 was the great variation even among the best schools. No two were found to excel in the same areas, a fact that put any effective plan of classification out of the question. The Grading Committee believed that additional research and experimentation were needed before accreditation could be established on a national scale. It recommended that the NLNE undertake such a program, but in view of the length and expense of the study, much of it carried on in the depths of the Depression, there was no possibility at the time of following this recommendation.¹⁹

The schools were left with the knowledge of where they placed with regard to many crucial items, in comparison with the other schools studied. This information alone served as a stimulus to improvement, and two chapters in *Nursing Schools, Today and Tomorrow* provided specific guidelines, though even these reflected conclusions reached in earlier studies or in the League's 1927 *Curriculum for Schools of Nursing*. Chapter three answered the question, "What should a professional nurse know?" with a list of seven broad capabilities, stressing not only expert hospital practice but also an understanding of the social and emotional factors in illness and a command of public health nursing skills. These last included the ability to teach health and the prevention of disease, to deal with common types of illness prevalent in the community, and to work with community health and social agencies.

The problem remained, how to achieve an educational program that

would prepare such a nurse? Clearly a good deal of action was required to standardize clinical experiences, to make sure that all necessary experiences were provided, and to enlist the student's eager participation in her own education by giving her a clear-cut idea of what she should gain.

Another pertinent chapter dealt with "certain conditions which should not be tolerated in schools of nursing." Twenty-one of these were listed, and the MGH was guilty of only three. The ratio of graduate nurses to students on the MGH wards was low because of the dearth of floor duty nurses. A six-day, 48-hour week had not been achieved, and there was some uncertainty as to whether adult patients were receiving the recommended average of 3 hours of bedside nursing in every 24-hour period.

Action towards these objectives was now the responsibility of the superintendents of nurses. In an article in the *American Journal of Nursing*, Carrie Hall voiced what was probably the reaction of many a superintendent of nurses when she said, "I experienced a feeling of . . . utter helplessness. Trustees are not an easy group to convert. They are unlikely to welcome, even tolerate, the superintendent of nurses at their meetings."²⁰ She noted the hostility with which some hospital officials greeted the committee's recommendations, mistakenly regarding them as an ultimatum. She was encouraged by other views, expressed in such periodicals as *Hospital Management* or in papers presented at the nursing section of the meetings of the American Hospital Association. Some who had read the material carefully gave it thoughtful consideration, even support. Yet she feared that resistance or a quiet denigration of the desired aims might be forthcoming from some among the hospital administrators and the medical profession in general. Anne L. Hansen, president of the National Organization for Public Health Nursing, writing in the *AJN* on "The Nurse in the Community," was "staggered by the work ahead of us—but . . . how thankful I am that we can seek to make adjustments in the light, and not grope along all sorts of dark alleys of experiment."²¹

In retrospect, the wonder is that the grading studies could have been completed during the depths of the Depression, and that action to im-

plement the findings was not more delayed at a time when all health agencies were struggling with vast economic problems while trying to serve a public needier than ever before.

By the late 1920s the scene was changing at the MGH School of Nursing, in the faculty and in the facilities. In 1924 the Trustees had noted that Miss Johnson's title should become "Superintendent of Nurses and Principal of the Training School." (The old term "training school" was still retained.) By 1926 the use of the term "faculty" had become generally accepted at the MGH, and in the School *Announcement* the practice of listing the officers apart from the instructors had been abandoned, perhaps reflecting a better understanding of the officers' teaching functions.

A new element was the increased rate of turnover among key School personnel. Between 1929 and 1932 only Miss McCrae and Miss Fraser were constants. Most of the faculty who departed did so to pursue graduate education; some, like Miss Dennison and Miss Johnson herself, took leave of absence, and others resigned. Miss Johnson continually urged the young graduates on her staff, whether teachers, head nurses, or supervisors, to undertake further study at Simmons College, Teachers College, or elsewhere. A kind of boomerang effect occurred when her own assistant, the director of theoretical instruction and her assistant, and the assistant to Miss McCrae all followed this advice, within about one year.

Some new positions were authorized, and the School even acquired a second secretary and a third office in the Moseley Building. By this time it was clear that the full time and attention of one person were required to plan the students' rotations and clinical assignments, and therefore in 1930 the post of second assistant superintendent was created; Harriet J. McCollum (MGH 1919) was the first person to hold it. Without the close ties to the educational program that Miss Dennison and Miss Smith had had when working on the correlation plans, there was some likelihood that this work could become more mechanical than educational. In the same year a supervisor for the Children's Department and instructor of pediatric nursing was appointed: Marion Stevens (MGH

1923), who had been head nurse for a year on an MGH children's ward and had had experience as a supervisor in pediatric nursing in several other hospitals.

Other teaching supervisors were among the faculty who resigned. Adaline Chase, who as instructing supervisor in the OPD and instructor in public health nursing had contributed generously for four years not only to the students' education but to the work of the faculty and the Alumnae Association, resigned in 1932 to take a teaching position in a visiting nurse association. All three medical or surgical teaching supervisors, none of whom had held her position more than three years, had to be replaced between 1929 and 1932. Further education, a new position, or marriage were the usual reasons for leaving.

It was at about this time that Miss Johnson proudly informed the Ladies Advisory Committee that fourteen MGH graduates were in residence at Teachers College, studying toward either baccalaureate or master's degrees—the largest number of alumnae from any one school. Miss Johnson was sensitive about her own lack of a degree, and she recognized that academic preparation would be helpful to her and to the School. Her request for a leave, 1931–1932, to study for a year at Teachers College was viewed favorably by the Advisory Committee, the Trustees, and Dr. Washburn, and was granted with less trepidation when it became known that Helen Wood was free to return as Acting Superintendent of Nurses. Miss Johnson learned a great deal in that year and contributed as well. Classes in which she participated were considerably enlivened, and her peers on the Teachers College faculty benefited from the down-to-earth views derived from her long experience. Admiration was expressed for this established executive in her fifties who chose to practice what she preached. At a time when the country had hit bottom in the Depression and the MGH faculty like others had taken a 10 per cent cut in salary, it seems the more remarkable that so many managed to study during those years. Miss Johnson received her B.S. degree in 1932, and then returned to the MGH. At this time, twelve of her teaching and supervisory staff had been at the Hospital for only two years or less.

One member of the faculty had been contributing soundly to the educational program since 1929. Minnie E. Pohe, successor to Martha

Ruth Smith as director of theoretical instruction (the title was changed to supervisor of instruction in 1929) held a B.S. degree and a diploma in teaching from Teachers College. She was a graduate of the Lankenau Hospital School of Nursing in Philadelphia. After experience as supervisor of the operating room at the Pittsburgh Homeopathic Hospital, she had returned to Lankenau as instructor of sciences. At the MGH she energetically undertook the burdensome work of teaching and educational administration traditionally included in her position. Both Miss Pohe and Miss Johnson were well aware that the time was past when so heavy a load could be countenanced, and gradually steps were taken to lighten it. During Miss Pohe's first year, Sylvia Perkins (MGH 1928) continued as the assistant, with full responsibility for some courses. Anna M. Taylor (MGH 1928) succeeded her in 1930-1931, and was followed by Marjorie Johnson with the title of instructor in sciences. Miss Johnson was a graduate of the Simmons College five-year program who had chosen the MGH for her school of nursing, attaining a B.S. degree from Simmons and an MGH diploma in 1929. When she returned to the MGH after experience as instructor of sciences at the Somerville Hospital School of Nursing, Miss Pohe's teaching load was further reduced. The need for more time and attention to curriculum development continued to increase, however. The correlation plan was still far from perfect, and the many new teaching supervisors required help and direction in developing their courses.

A report prepared for the Grading Committee in 1932 gives facts and figures about School faculty at the end of this period. Two graduate nurse instructors with the help of a senior student assistant taught the theoretical courses, and two graduate instructors with three senior student assistants taught the basic practical nursing course. Nine other graduate nurses taught one or more courses as part of their full-time work in the School. Forty-one doctors participated in the teaching program (a token fee of \$3 an hour was paid to doctors on the MGH staff). Members of various Hospital departments—for example occupational and physical therapy and social service—gave some lectures, and dietitians taught nutrition and diet therapy. In all, seventy individuals were involved in the teaching of the student nurses. The instruc-

tors on required and elective affiliations might have added up to another twenty—all together quite an expansion from the days of 1920.

Teaching facilities gradually improved, though classes were still held in all four corners of the Hospital domain. The science laboratory, acquired only in 1926, was crowded with a section of thirty students, so that the two teachers, one of whom was still a senior student assistant, new each term, were taxed to give individual attention to students who were generally unfamiliar with laboratory procedure and equipment. One additional facility relieved in large measure the pressure of work in the Thayer classroom. After 1929 the upper Out-Patient amphitheater was used for nursing demonstrations; the new quarters improved the visibility for all students and eliminated the necessity of moving chairs in and out as the TCR shifted from a demonstration room to a nursing laboratory. The students did miss the chair arms on which to write, and no one could claim the UOPD seats were more comfortable. The teachers found the trek from the basement of Thayer to the third floor of the Out-Patient Department something of an ordeal, especially if a vital piece of equipment was discovered inoperable five minutes before Miss McCrae was due to demonstrate; that was one time when the student assistant was irreplaceable.

A few bookcases in the rear of the busy lecture room in the New Home had continued to constitute the School library. The Treadwell Library (Medical) in the Moseley Building had an abundance of books and clinically related periodicals, but the nursing students were not freely accepted there, though technically it was not off limits. Some of the faculty found the Treadwell both a resource and a haven. Reinforcing arguments to support the School's request for a library of its own came from the Goldmark Report, from the 1927 NLNE *Curriculum*, and from the report of the New York State inspector of nursing schools. Students had continued to depend on textbooks because neither the methods of teaching nor the skimpy book collection encouraged them to look elsewhere. It was the knowledge that the Grading Committee had begun its work which probably brought about the allotment of more space. Down in the southeast corner of the classroom floor of the

New Home a room was found, once a sewing room and later a bandaging room. After cleaning, painting, and installing of lights, a small reference library evolved. The bookcases given by the Class of 1922 were moved in, and a magazine rack, table lamps, and attractive light green curtains of theatrical gauze appeared. The Class of 1930 gave two large wing chairs. Since each of the library tables seated eight, about forty students could use the library at once. The room was open weekdays and Sunday and the materials were freely available.

As yet there was no librarian, so that the teachers were responsible for keeping the room and books in order. The material submitted in 1932 to the Grading Committee reported 750 reference books and 50 textbooks, and the addition of 86 new books (not texts) during the previous year at a cost of \$112.51. There was no library budget, but requisitions up to about \$100 annually would be approved. The reference books listed for each course were up-to-date works by authors of repute. In addition to the professional Nursing magazines, the library offered journals from the hospital, clinical, and related fields. The Warren Library for MGH patients and personnel was a resource for recreational reading.

The Grading Committee also sought information about audio-visual aids. The School had two projectoscopes that could be used to show all material except microscope slides, as well as sets of slides for anatomy and the history of Nursing, and an X-ray illuminator. A film projector was rented when needed. The lecture room was equipped with anatomical wall charts and specimens.

The faculty longed for the consolidation of its seven classrooms, located in five different buildings. Even a part of a building for their own use would have been a boon. Some of the classrooms were also used for the teaching of medical students and students of social work, which increased the difficulty of scheduling. The School was one-third larger in 1932 than when the New Home had opened in 1914; the single lecture room no longer sufficed. But the New Home, though somewhat outgrown, had by 1931 at last achieved a name. Since ladies who served on the Advisory Committee to the School and the Visiting Committee to the Hospital had originally raised the money for the building, on its

completion in 1914 they had been given the privilege of naming it. They chose to honor Dr. Henry P. Walcott, Trustee of the MGH from 1892, Chairman of the Board 1900–1919, and later (1919–1929) President of the MGH Corporation. Dr. Walcott refused the honor, however, and the building was known as the New Home until after his retirement from active service. He died in 1932.

Finances of course continued to be a problem and a puzzle. The Grading Committee, like the Goldmark Report, had recommended the application of cost-accounting practices to nursing school finance, and in 1931 the MGH became one of the first hospitals to commission a cost study, performed by an independent Boston firm of accountants and auditors. The results were reported in the *Bulletin* of the American Hospital Association for April 1932, by courtesy of Dr. Washburn and with the approval of the MGH Trustees. The study had been undertaken to determine what expenses might be eliminated if the Training School were discontinued, and all costs, including interest charges on investments, insurance, and depreciation, were included. Contrary to expectation, the report showed that the MGH would lose money (\$779.73 annually per student nurse or an annual total of \$137,777.91) if it closed the School of Nursing. Many hospital administrators found these figures amazing. Nurse superintendents of schools were less surprised. The students were not informed of these facts. The findings may explain why, in the depths of the Depression, the Trustees, though they imposed cuts on funds for the School's educational work, spent thousands of dollars on housing for graduate and student nurses.

In 1932 there were employed at the MGH 152 graduate nurses. Housing had to be supplied for them and for 296 students, those enrolled at the MGH plus 15 affiliates from McLean and Faulkner hospitals. A continuous thread running through the history of the School is the chronic need for housing. By 1930, students were deployed in living quarters in nine houses, including the Thayer, the New Home, and some floors in the Baker Memorial. Graduates were accommodated in several dormitories and the Hospital was also paying \$30 a month above salary to 62 graduates who lived in rented rooms on Beacon Hill. When the February section entered that year there were accommodations for only

25 until more graduates found rooms outside (which it was said would increase the cost to the Hospital by an additional \$31,000 per year). Because of the Depression the Phillips House had vacant rooms, and 26 graduates from the Thayer and the New Home were moved to the second floor there. The house on the corner of Cambridge and North Grove streets was to be made ready for the graduates who had been living on Beacon Hill.

At this juncture the Ladies Advisory Committee voted to recommend that two of its members, Mrs. Thomas Motley, Jr., and Mrs. Arthur Bell, see Mrs. Thayer and the Trustees Committee on the Training School to urge continued efforts to secure better housing for the nurses. Only temporary measures were possible during this year, however, and trying adjustments had to be made by students and graduates. In the fall of 1931 the New York State inspector called attention to the scattered facilities and the overcrowding in the Charles Street houses, where there were seven rooms with three students assigned to each.

Even before the Depression, many schools of nursing that were dependent upon hospital funds for their operation had found that correction of their major problems came slowly. Between 1932 and 1940, pressures to improve came from both within and outside Nursing. The long-familiar needs continued to be the acquisition of more and better prepared faculty for the more mature and better educated students, the improvement and expansion of housing and educational facilities, enrichment of the curriculum, and the reduction of the student's long hours and heavy nursing load. Progress had to be made along all these lines if better nursing were to be practiced in hospitals, and students prepared for the nurse's expanding role in the community.

While the members of the faculty at the MGH and other schools were striving within the schools to raise the standards of nursing education and practice, they were also attempting to effect these ends through the professional nursing organizations in Massachusetts. One goal was the enactment of appropriate legislation.

The effort to enact state laws governing the practice of nursing and the education of nurses, begun in the United States with the first nurse

practice acts in 1903, had made uneven progress. The movement, led by the state nurses associations, had met with support from some hospital administrators and members of the medical profession, and with opposition from others. Its purpose was to raise standards in Nursing and to protect the public, as the consumer of nursing services, from the untrained or semitrained who called themselves nurses. The state acts established procedures for the registration of nurses under the supervision of a board of nurse examiners. To qualify as a registered nurse, and have the right to use this title, a candidate was required to be a graduate of a training school approved by a state board and to pass a state examination.

The strength and effectiveness of the nurse practice acts varied from one state to another, as did the effectiveness of the different boards, which prepared and administered the examination and set minimum requirements for the length and content of school training. Such minima by 1920 had become part of the system, and probably few of the MGH students who encountered a "course" in sanitation consisting of eight brief hours, or who had to make up days lost through illness or other cause, were aware that these were requirements of some official body of the Commonwealth of Massachusetts. (The *maximum* level of hours at the MGHSN depended on intramural pressures at the Hospital and the efforts of the School's faculty to improve the curriculum.)

Graduates of the MGH School were chiefly concerned with the laws in Massachusetts and New York, the two states where most of them wished to work. New York had led the way in efforts to make the state board a constructive force in upgrading schools and thus in raising professional standards generally. To assist schools the New York board in 1908 had published its first *Syllabus*, to provide some guidance as to course content and hours.

New York had also been the first state to appoint an inspector of nursing schools. This post, probably conceived by Sophia Palmer (BTSN 1878), editor of the *American Journal of Nursing* and for many years president of the New York board, was held by a highly qualified nurse whose reports of her on-the-scene visits to training schools helped to determine whether they would receive the board's approval. The

title "Inspector" hardly carried the connotation of friendly advisor, but fortunately the graduate nurses appointed to this position were women dedicated to the improvement of nursing education, who were personally and professionally able to help administrators and teachers in the different schools. Their influence also extended beyond New York. Through a reciprocity agreement, graduates of schools outside the state who were registered in their own states could become registered in New York without taking the New York State examination, if their training school met the standards set for New York schools. Although this arrangement could not be called accreditation as the term is used today, it nevertheless served to bring training schools up to minimum standards which the better schools were eager to surpass. Several of the New York inspectors, notably Annie W. Goodrich, who had previously been director of the Bellevue Hospital and other leading schools of nursing, won national recognition for their work.

The minimum standards towards which schools were encouraged to work were very low. Few states in the early years required that a registered nurse be a high school graduate, and New York and Massachusetts were not among them. The 1925 revision of the New York *Syllabus*, containing the law and a sample curriculum to be used as a guide, specified that the candidate for state registration must have "a preliminary education of not less than one year of high school or its equivalent, such educational requirement not to be increased before the year 1930."²² New York achieved the high school diploma requirement in 1932. Massachusetts required only one year of high school before 1922, when two years were specified; the high school diploma became a requirement in 1934.

The hours and terms of instruction required by Massachusetts and New York law during this period, together with those given at the MGH School of Nursing, can be seen in the following tabulation.

	Preliminary term (4 months)	Total curriculum
MGHSN (1925)	609 hours	914 hours, 3 years
Massachusetts law (1919)	168 hours	388 hours, 2 years
New York law (1925)	216 hours	416 hours, 2 years

Comparison shows not only the relatively high standards that had been achieved at the MGH but also the prevalent practice of loading half or more than half of all a student's classwork into her first four months. Necessitated, as we have seen, by the dependence of hospitals on a student nursing force, this practice raised all manner of questions about educational standards, views of mental health, and problems of attrition.

Other requirements of the boards of nurse examiners specified the number of patients that the hospital conducting a training school must have. In Massachusetts this was a daily average of thirty, and in New York twenty. Required either in the home school or by affiliation were medical and surgical experiences with both men and women patients, in obstetrics, and in pediatrics. New York recommended other services—for example, nervous and mental diseases, communicable diseases including tuberculosis and venereal diseases, and public health nursing. A student must assist at a minimum of twenty-five operations and observe at least twelve obstetrical cases. Four weeks in the diet kitchen were required, the experience to include selection and computation of diets and their preparation.

It is safe to say that no nurse on any board of nurse examiners was satisfied with either the examinations or the standards. In Massachusetts, efforts to improve both were centered in the State Nurses Association (Chapter 3). In 1919, an amendment was achieved that provided for the registration of graduates of board-approved schools of nursing, for educational standards for admission of students, and for minimum essentials in the course of study. State registration was not compulsory, but to those who were eligible it gave added distinction. (The "R.N.," which has for years been confused with a professional degree such as the M.D., has of course never been the counterpart of a college-conferred degree.) The act of 1919 called for a board composed of five members. Three, appointed by the governor, were to be graduate nurses, each from a different training school.

During the years before state law put registration into effect, the Massachusetts State Nurses Association had been able to exert some pressure upon the quality of training by setting standards for membership. It will be remembered that one of the first acts of the Association in 1903

had been to set up a committee, chaired by Annabella McCrae (BTSN 1895), which gathered information about the educational programs in training schools throughout the state, approved those it considered adequate, and then on this basis reviewed applications and admitted members. Thus for many years "membership in the MSNA was the only criterion of an accredited graduate nurse."²³

Many other MGHSN graduates in addition to Miss McCrae were active in the Association in its early days and vigorously supported its legislative efforts. Four were chosen president: Mary E. P. Davis (BTSN 1878) who served from 1911 to 1913; Sara E. Parsons (BTSN 1893), 1915–1918; Esther Dart (BTSN 1891), 1918–1921; and Carrie M. Hall (MGH 1904), 1921–1925.

After Miss Johnson returned to the MGH in 1920, she became chairman of the legislative committee and often testified at legislative hearings. She was solicitous for the welfare of the private duty nurses and took a particular interest in the professionally sponsored Suffolk County Central Directory, which Mary E. P. Davis had developed in 1911, and was concerned that it maintain standards of service for the doctors and the public as well as for the nurses. The efforts of the Massachusetts State Nurses Association won eight-hour duty for private duty nurses, a system tried out initially at the MGH and supported by Miss Johnson.

In 1922, every state having established a nurses' association, the American Nurses Association changed its structure to become a federation of the state organizations, membership in which became the basis for membership in the ANA. Miss Johnson was particularly active at the state level. In time, she saw district organizations replace the county groups, facilitating consideration of common local problems. When the ANA set up regional groups of state associations in 1925, to explore mutual problems and concentrate support, she became president of the New England division. At its 1929 meeting, concluding her term of office, she delivered a presidential address entitled "The Reminiscences of a Connecticut Yankee." MGH alumna Carrie Hall also gave many years of service to the MSNA, not only as president but as chairman of the Suffolk County Central Directory. Miss Hall was honored by a special citation at the 1956 state convention, read by Stella Goostray, a distin-

guished leader of Nursing in Massachusetts and former president of the National League of Nursing Education.

It was 1928 before the MSNA acquired its first executive secretary, Helene G. Lee (MGH 1922), who established a headquarters office for the Association. The first state nurses association to set up a central office was that in Ohio, and it was characteristic of Miss Lee that she began by visiting Cleveland to learn how that organization had managed this new venture; later she herself would serve as an advisor to state associations embarking on a similar experience. Helene Lee was an able organizer with a methodical, analytical approach, who paid scrupulous attention to a sound system of records and developed a masterly grasp of bylaws, legislation, and finance. After the casual way in which the busy officers of the Association had dealt with its affairs, such management was welcomed. She maintained liaison with the national organization and each of the state's subgroups involved in ANA programs, and gave attention to innumerable matters that affected individual nurses and the state association. She had a talent for keeping in order multitudes of details regarding such matters as convention arrangements or foreign visitors' schedules. She also participated actively in the recruitment of good students for the schools by speaking to many high school groups.

During Helene Lee's twenty years as executive secretary, the Association grew and the task of interpreting at the local level the many developments in Nursing in which the ANA was involved became more complex. World War II increased her responsibilities. Between 1941 and 1945 she was also secretary for the Massachusetts Nursing Council for War Service, and from 1943 to 1945 a member of the Red Cross Recruitment Committee. After her retirement in 1948 and an interlude of travel, she served the MSNA as treasurer for several terms, beginning in 1950, and her business acumen was a distinct asset to the organization.

A few years after Miss Lee began her work with the MSNA, Elizabeth E. Sullivan (MGH 1913) was appointed the first supervisor of schools of nursing in Massachusetts. The need had long been recognized for a full-time nurse to work under the Board of Registration of Nurses in the same capacity as the New York State inspector, evaluating schools

and aiding them in their attempts to maintain or surpass the standards set by the board. In 1924 Sally Johnson, as chairman of the MSNA's legislative committee, tried and failed to secure an amendment to the existing law which would provide an "educational director." Every school would have profited by regular visits; some were in dire need of inspection.

In 1932, when Josephine E. Thurlow (MGH 1909) was chairman, the Board of Registration of Nurses reported that "the practical difficulty of securing adequate information for a just appraisal of schools" had been "insurmountable," despite the fact that an inspector's salary could easily have been funded from fees paid into the Commonwealth's treasury by applicants for examinations for registration, this income having regularly exceeded expenditures by the board.²⁴ At the 1933 convention of the MSNA it was voted to petition Governor Ely to use part of the income from registration fees to defray the expenses of a traveling representative of the board; Elizabeth Sullivan's appointment came the next year.

Miss Sullivan set about her formidable task with vigor; she was aided by her own considerable experience as an administrator of schools of nursing and as a visiting instructor to a number of small schools. She viewed her work as essentially supportive and educational, and fears about her inspection functions tended to give way to feelings of relief and gratitude.

Thus doggedly did the members of the MSNA persist in their efforts to improve the selection and education of nurses and hence the care they provided the public. There were always new challenges. As time went on, however, the nurses became more sophisticated and surer of their premises. After the Massachusetts League of Nursing Education became active, additional force was brought to bear, each organization working in chosen areas.

By the early 1930s important gains had been made: a state board of registration, a state curriculum of minimum essentials for schools of nursing, regulations on which to base the admission of students, and supervision of schools. Other goals remain to be achieved, such as com-

pulsory registration for graduate nurses, the regulation and licensing of others who nursed for hire, an all-nurse membership on the Board of Registration for Nursing (the name changed in 1941) and on the Approving Authority established in 1941 to carry on those functions related to the schools of nursing.

Although on the national scene the organization later known as the National League of Nursing Education had been established some years before the group that became the American Nurses Association, in Massachusetts the time sequence was reversed. The initiative in forming a state organization for nursing education came from the MSNA, which wished to secure the cooperation of superintendents of training schools in order to attain uniformity in nursing programs. At a meeting of the MSNA Council in 1910, a committee with Miss Parsons as chairman had been appointed to organize such a group; and the Massachusetts League of Nursing Education came into being in 1914. The MLNE was instrumental in expanding the nursing education offerings at Simmons College, which began in 1926 to give summer courses for teachers and supervisors and in 1933 to introduce a year's course for head nurses in addition to the program for public health nursing. In November 1937 the MLNE's directors appointed a special committee of nurse educators to work with the Boston University School of Education in considering a program to prepare graduate nurses for positions in teaching and supervision in nursing schools. Several aspects of the plan that was developed involved the MGH School and Nursing Service and are dealt with later in this account.

MGH alumnae of course were active in the MLNE, as they had been in the MSNA; indeed many served as officers of both organizations and others served as chairmen of various committees.

IV. SALLY JOHNSON:
THE END OF AN ERA
===== 1932-1946 =====

CHAPTER 17

Changes at the School

THE early 1930s were in many ways a turning point for the School and the Hospital, for Nursing, and for the systems that protected health and provided medical care for the American people. A period of sixty years was ending in which valiant efforts had been made to establish an organized system of nursing and nursing education. In the previous twenty years, although the functions of Nursing in the United States had expanded, most nursing schools, by the nature of their hospital ties, were limited to the kind of training for which they had been founded. The development of medical science, the increased use of hospitals, changes in the economics of medical care, and the provision of public health services intensified the pressures. Nursing had been scrutinized by two groups whose fact-finding studies afforded proof that its house was not in good order.

At the MGH, many key people were leaving the scene after long periods of service. Dr. Washburn retired after twenty-six years. In February 1934, Dr. George H. Bigelow, an extraordinarily promising new Director, arrived and was tragically lost in less than a year. Dr. Nathaniel W. Faxon, former Assistant Director, was warmly welcomed to the position in 1935.

Miss Johnson, fortunately, was soon able to gather on her staff women who were to make outstanding contributions; notable among them was Ruth Sleeper, the new assistant superintendent and assistant principal, who in 1933 began her insightful influence on the School of Nursing and the Nursing Service, an influence that continued for thirty-three years. Martha Ruth Smith, who came back from Teachers College to succeed Miss McCrae, was well prepared to join in new thinking about the curriculum as well as to teach the course soon to be renamed "Nurs-

ing Arts.” New faculty positions made it possible to strengthen the public health nursing instruction, to enrich the ward teaching, and to introduce staff education for graduates. In 1939 Miss Smith resigned to head Boston University’s new center for nursing education. Sylvia Perkins (MGH 1928) succeeded her in August 1940.

In May 1931, when Miss Johnson was in her second term as a member of the board of directors of the National League of Nursing Education, she listened to the League’s president, Elizabeth C. Burgess of Teachers College, forecast future trends. It was Miss Burgess’ belief and hope that American nursing schools were moving towards greater independence, towards closer ties with other educational institutions, and towards a broader curriculum with better courses. She also looked forward to improved supervision of nursing practice and shorter hours of duty for both students and graduates in hospital departments. She saw “a renewed effort to bring into nursing women of better general education and culture,” to upgrade the training of teachers, supervisors, and administrators, and to prepare the student for “increasing demands made upon her as a member of society, and a professional woman.”¹ In essence these were long-familiar goals, yet the times demanded a constant raising of sights and standards. Miss Johnson was striving to keep pace and, as she compared notes with others who held comparable positions, she could see that the MGH School was on course.

New staff members in the late thirties and early forties gave increasing attention to making Nursing Service an entity distinct from the School, and to increasing the employment of graduate staff nurses. The MGH Trustees had recognized the dual functions of the Superintendent of Nurses in 1925 by adding “Principal of the School” to her title. In some schools the title “director” had been adopted, and more rarely, a director of nursing service was appointed as well as a director of the school. To achieve a separate identity for nursing service it was necessary to solve some very difficult problems, both administrative and economic. The demands upon both nursing service and nursing education intensified to a nearly intolerable level even before the pressures of the war effort were added, and at the MGH it became imperative that additional assistance be provided. In September 1941, Edna Lepper

(MGH 1924) was appointed to the newly authorized position of assistant superintendent of nurses.

Even before 1932 Miss Johnson had secured a faculty of unusual size and distinction. The number of college-educated women entering Nursing remained relatively small, so that most education for faculty positions had to be acquired after graduation by full-time study, with consequent loss of position and salary or, less often, by combining work and study. Though nurses did not have long vacations, many studied for six hot weeks during summer sessions. Education thus acquired piecemeal, as an aggregate of courses rather than as a systematic development within a major field, tended to lack both depth and scope. Nevertheless, institutions such as Teachers College at Columbia University, where many graduate nurses from New England studied, provided most of the preparation for MGH nursing positions for many years.

The reports of the Grading Committee had stimulated improvement of nursing education in both college and hospital programs. Nurses associated with college programs, seeing a need to set standards for the development of this growing group of schools, organized the Association of Collegiate Schools of Nursing. To meet the qualifications for membership, the Simmons school made changes in its program for undergraduates that in 1935 substantially altered its long relationship with the MGH and the other two participating Boston diploma schools. This left the MGH without a college association at a time when many outstanding hospital-operated schools were moving into closer relationships with universities or colleges. Several years of searching for a workable new college-related plan led in 1945 to the announcement of the Coordinated Program of Radcliffe College and the MGH School of Nursing (Chapter 29).

In 1937 the NLNE *Curriculum Guide* was published, successor to the *Standard Curriculum* of 1917 and the revised *Curriculum for Schools of Nursing* of 1927 but a far more sophisticated tool than its predecessors. To realize many of its recommendations required far greater resources than the School had available. Miss Johnson had anticipated this situation by having a careful study of the MGH School and Nursing Service needs prepared. Clearly endowment was more essential than ever. But

after a few years of constructive effort, World War II diverted everyone's energies into different channels.

With characteristic courage and tenacity Miss Johnson grappled with the unprecedented demands of wartime. Carrying increased responsibilities at the national, state, and local levels, she endeavored at the same time to increase enrollment and accelerate the School's program while providing some stability in the nursing service. Nor did she lose sight of the goals that she shared with others in the forefront of leadership in professional education for Nursing. Her sizeable staff of associates, each with a responsible role of her own, shared the burdens and frustrations and knew the particular comradeship that ordeals create. Sally Johnson led the School into the postwar period.

In 1932, when she returned from her year at Teachers College, Miss Johnson and the first and second assistant superintendents of nurses, Kathleen Atto (MGH 1922) and Harriet McCollum (MGH 1919), were responsible for all of the administrative functions of both the Nursing School and the Nursing Service. There were as yet no faculty committees except the one dealing with the admission of students. Miss Pohe managed the educational program, and Miss McCrae continued to teach the preliminary nursing course. Only two other teachers, the instructor of sciences, Marjorie Johnson (Simmons College, MGH 1929), and Miss McCrae's graduate assistant, Wenona Abbott (MGH 1930), were associated full-time with the preliminary term. Student assistants were still assigned, each term, and gave invaluable aid. Six supervisors with teaching functions participated in the clinical program: one for medical nursing; two for surgical nursing and one in the operating room; one for pediatric nursing; and one for the Out-Patient Clinics to teach students certain aspects of public health nursing.

Despite the increasing competition for staff with experience and sound academic preparation, Miss Johnson had a good proportion of well-qualified people: three with bachelor's degrees and one with a master's degree. Although only one had previously held a position in clinical supervision, the graduate experience of the other supervisors ranged from five to ten years, all of it in the clinical field in which each worked at the MGH. They had not worked together very long, since

all had been appointed between 1929 and 1932; by 1935-1936 all had departed, for the usual reasons: going to college, a new job, illness, or marriage. Despite the MGH's reputation for being a hard taskmaster, teachers and supervisors found it challenging to be on Miss Johnson's staff even for a short time, as part of this growing and vibrant institution.

A milestone in the School's history was the appointment in 1933 of Ruth Sleeper as assistant superintendent of nurses and assistant principal of the School of Nursing. After her graduation in 1922, Miss Sleeper had remained at the MGH for two years as assistant to Nellie Hawkinson. At the same time she began summer study towards a B.S. degree at Teachers College, building on credits acquired in two years in the home economics program at Simmons College before entering Nursing. In 1924 she moved to the Peter Bent Brigham School of Nursing as instructor of sciences. She completed the requirements for her B.S. degree and diploma in teaching at Teachers College in 1925. In 1927 she was appointed instructor in anatomy and physiology at the Western Reserve University School of Nursing (later the Frances Payne Bolton School of Nursing) of which Miss Hawkinson had become dean.

Meanwhile Ruth Sleeper had continued studying at Teachers College during the summers; one summer an MGH contingent enjoyed sharing a table in the dining hall with her and some Western Reserve associates, where they were often joined by Martha Ruth Smith of the TC faculty. The younger MGH graduates who thus became acquainted with Miss Sleeper found none of the austerity or remoteness often associated with older nurses. She was winsome, slim, and attractively dressed, approached her courses with zest, and gave a strong impression of competence. The junior alumnae did not dream that she might soon return to the MGH. In the summer of 1932, Miss Sleeper was an instructor at Teachers College, and the following year she was back in Boston, as acting assistant superintendent of nurses at the Peter Bent Brigham Hospital. She completed her M.A. degree in 1935 after her return to the MGH.

Miss Sleeper thus brought to her new post experience on the faculty of a university school of nursing with its own endowment, as well as a

valuable initiation into administration as assistant to the renowned Carrie Hall at "the Brigham." In assuming her new responsibilities she lost none of her humor or buoyancy. A memorable event of 1933 in the Boston community of nursing instructors and administrators was the presentation of "The Follies," a musical parody of training-school life. The cast included Ruth Sleeper as one of the demure nurses who survived training; the unquestioned star of the performance, Annabella McCrae, played the part of a "vivacious, irrepressible, never-to-be-downed probationer, who had an answer for every situation."² When she demonstrated bed-making, Miss McCrae brought the house down. Ruth Sleeper, from her student days on, was very apt to be in the midst of writing the lyrics for songs or taking part in "follies" of one sort or another.

She was also a serious worker with the ability to assemble facts and present a report in a manner that won admiration and gained support. From the first she demonstrated her skill in human relationships, whether with students and faculty or doctors, administrators, and Trustees. Her experience was further augmented by her participation in the work of the NLNE, including the curriculum revision of 1934-1937.

Miss Johnson had secured authorization for two new positions designed to relieve the central office staff of tasks unrelated to their principal duties. In 1934 she appointed Barbara Williams (B.A. Vassar College 1916, MGH 1920, M.A. Teachers College 1928) to the position of executive assistant. With her characteristic flair for detail, Miss Williams for the next twelve years discharged a variety of responsibilities, thereby easing the load for others. The second position was that of supervisor of lay personnel, a group that had grown from a few "ward tenders" (orderlies) and ward helpers to a numerous body with many needs of its own. Harriet McCollum, who had resigned from the position of second assistant superintendent in 1933, returned to assume this new position in 1935, thus relieving the supervisors of responsibility for this group.

Miss Johnson now had overall responsibility in the General and the Baker Memorial for a faculty and senior service staff of nineteen, as well as some teaching duties of her own. She was also Superintendent of

Nurses at the Massachusetts Eye and Ear Infirmary. A woman of remarkable strength and commitment, now in her fifties, she continued to be active in national and state League and Nurses' Association affairs, in other community nursing concerns, and in the School's Alumnae Association.

An epoch in the School's history came to an end on October 1, 1935, when Annabella McCrae retired (see Chapter 6). Miss McCrae had started her career at the MGH as a student in 1894; during her forty-odd years at the School, 1,953 student nurses had come under her instruction, and her standards, her values, and her courage were reflected in the admiration and respect accorded many MGH graduates throughout the world. Many nurses and doctors found it hard to think of the MGH School without Annabella McCrae. As her retirement approached, in April 1934 Miss McCrae was awarded the Saunders Medal for distinguished service to the nursing profession. The medal, of which she was only the third recipient, was presented before nearly 8,000 nurses, gathered in Washington for the biennial convention of the three national Nursing organizations, by Dr. Nathaniel W. Faxon of the MGH, then president of the American Hospital Association. During the years of her retirement, until her death in February 1948, Miss McCrae lived at the Pioneer, a residence hotel in Boston operated by the YWCA.

Martha Ruth Smith, Miss McCrae's successor, had been instructor in nursing education at Teachers College for the previous six years, working in the challenging milieu created by Isabel Stewart and other members of her department and by the hundreds of graduate nurses who studied there. With the findings of the Grading Committee fresh in their minds, they had been searching for ways to improve the preparation for nursing practice, through developing the curriculum and experimenting with new teaching methods—both at the undergraduate and graduate levels—as well as by defining criteria for evaluating nursing schools and encouraging associations with colleges.

Mary Marvin (Wayland), Miss Smith's predecessor at Teachers College, was one of the first nurses to teach her students the scientific facts that were the basis of many nursing procedures. Aware that most nurses

lacked the scientific knowledge and analytic method necessary to appraise their practice, she had developed a course that focused upon the comparative evaluation of nursing methods. In most hospital schools, nursing procedures had traditionally been passed on from one generation to another, with changes occasionally improvised in response to some need. Any promising recent graduate had been considered a suitable choice for the position of instructor of nursing. Miss McCrae's teaching at the MGH had of course been of a very different order, but even she had been dependent largely on the doctors for advice about changes in nursing methods.

The course Miss Smith had conducted at Teachers College reviewed nursing procedures in the light of the best recent findings in the literature as well as actual tests in the laboratory and clinical situation. Many a time-honored practice was found to be useless, sometimes even undesirable for the patient, or time-consuming and wasteful of equipment. Each procedure was scrutinized with the maximum safety, comfort, and benefit of the patient in view. Nurses were helped to see how a choice of methods could refine their nursing care if they paid careful attention to their workmanship. This analytical approach helped teachers and students to move away from the hitherto blind acceptance of old practices and opened the way for the development of sound new methods as new treatments were introduced. It also made possible a system for evaluating a nurse's performance, an evaluation useful to both the instructor and the learner.

Miss Smith was also identified with another concern of the period, a new approach to the first course in nursing, which would help students gain a broader view of their chosen field and their functions in it. No longer would the focus be almost exclusively on hospital-based remedial care. From the outset students were to be given perspectives on Nursing as a community service. The patient was to be considered as a family member to be helped in every way possible to return to his or her home, work, and community. Not only was the physical effect of the illness to be examined, but also its emotional, social, and economic impact on the patient's life. In the basic nursing course the student would also become acquainted with the functions of other hospital workers

such as the medical social workers and the dietitians, and with the different community resources and agencies available. Thus she would come to realize the dimensions of graduate practice in a variety of settings. At the same time, her nursing course would focus on appropriate individualized care of the patient (though hospital pressures would make this hard to realize in either her undergraduate or graduate practice). In a paper Miss Smith delivered at the 1935 NLNE convention, she emphasized that the right kind of nursing practice was “the keystone of the whole nursing curriculum.”³ She was reiterating a view long acknowledged, but the dimensions of the “right kind of nursing” were being greatly enlarged.

Those who taught courses in nursing with such objectives faced two familiar obstacles: the students’ heavy (and premature) responsibilities on the wards, and the need to prepare graduate staff nurses, head nurses, supervisors, and instructors so that they could contribute to the teaching process. While at Teachers College Miss Smith had begun work on a new kind of textbook: *An Introduction to the Principles of Nursing Care*, published in 1937, which combined contributions from ten authorities in the field, under her editorship. With the exception of Bertha Harmer’s *Textbook of the Principles and Practices of Nursing* (1934), most nursing texts dealt with general or special techniques of nursing care; Miss Smith and her associates sought to give the beginning student an overview of the elements of good nursing, the care of the individual patient, and the principles of remedial procedures carried out by nurses. The book was used at MGH and in many other schools of nursing for some years.

Before returning to the MGH Miss Smith undertook to correct two deficiencies in her own background, by studying mental health nursing and public health nursing. On her arrival at the General in the fall of 1935, her first step was to make some changes in the nursing practice laboratory, still in the basement of Thayer House. The service area out in the basement corridor was converted to cubicles where students could change their clothes as they shifted roles from nurse to patient. Equipment was moved from hall closets into racks and cupboards in the classroom; new work surfaces and two sinks with running water were

provided in the laboratory. By rearranging class schedules Miss Smith eliminated much wasteful effort on the part of the assistants, who had had to move classroom chairs and equipment about for various instructional purposes. The laboratory was also made available to students for out-of-class practice. Gradually equipment was added to the demonstration room in the upper Out-Patient amphitheater so that borrowing from TCR was reduced to a minimum. Miss Smith, her graduate assistant, and three student assistants set up offices in the one room available, which provided barely enough space for the five of them and, even with a half partition, very little privacy for conferences with students or quiet for class preparation. Outside sound effects ranged from the slamming of the doors of the adjacent elevator to the street noises at the corner of Charles and Allen streets. These offices, later christened "The Mole-hole," continued to be used for a quarter of a century.

Miss Smith envisioned a central area in which all teaching could be concentrated, and proposed making extensive structural changes in the area of the demonstration room, but architectural problems, the prohibitive costs, as well as the need to use the room for other Hospital purposes, ruled out this idea. Inadequate space, however, had always been a fact of MGH life; nevertheless, some outstanding medical research had been accomplished in cubbyholes, in attics and basements, and one lived with the limitations.

With Miss Pohe, Miss Sleeper, and the other instructors, Miss Smith next began modernizing and streamlining the School's curriculum. Methods used in the nursing course were analyzed and modified where necessary. Eventually a procedure manual for the wards was prepared, though Miss McCrae's book was retained for reference on each ward. A system of evaluating students' nursing practice was introduced, which provided a record of their progress both in the classroom and on the wards. Cooperation among the instructors, head nurses, and supervisors grew as they worked to improve practice and to implement the new, broader concepts of nursing care.

After a year, Miss Johnson in her annual report could also point to such achievements as an improved correlation between theory and prac-

tice, better planning of the program for students affiliating at the MGH, and reductions in the number of weekly classes for each student as well as in the number of students off the wards at one time. To accomplish this the School calendar had been divided into trimesters, so that after the preliminary term all courses were taught three times a year. The period following the preliminary term, now called the Junior Inter-session, was used more advantageously to help prepare students for their participation in clinical nursing in the seventh month of the first year. An elementary course in sociology had been added. Miss Johnson reiterated the need for more graduate staff nurses, for shorter hours on duty for students, and for the inclusion of courses for more students in psychiatric, public health, and eye, ear, nose, and throat nursing—all essential for the development of the curriculum that was necessary to keep the School in the forefront.

Minnie E. Pohe resigned in 1936, after seven years as supervisor of instruction. An outgoing person of contagious verve and enthusiasm, she had acquainted herself with many groups beyond the Nursing Department, and in the process had made the School's efforts and aspirations better known. An excellent teacher herself, she stimulated others to develop their teaching ability and gave strong support to the instructors and teaching supervisors. In working with the doctors, dietitians, social workers, and others who participated in the School's courses, she conveyed a better understanding of their part in the educational program as a whole and welcomed their points of view. Hundreds of students appreciated the personal interest that she took in them and in their development not only as nurses but as individuals.

Miss Pohe was eager to study for her master's degree. She had also considered administration in nursing as an alternative to continuing in education, and upon leaving the General took the position of superintendent of nurses in the Geisinger Memorial Hospital in Danville, Pa., which she had come to know when her father had been a patient there. She later acquired a master's degree at TC and returned to her former field as educational director of the Stanford University School of Nursing in San Francisco. When her resignation from the MGH School was

announced, Miss Johnson said, "There is no coin in which an institution can pay for the kind of service which Minnie Pohe gave here. We can strive to hold what she gave to us and to add to that gift."⁴

Miss Pohe's successor was Florence C. Kempf, a graduate in 1923 of the Lakeside Hospital School of Nursing in Cleveland, Ohio. Miss Kempf received a B.S. degree from Ohio State University in 1926 and an M.A. from Teachers College in 1936. She had first become acquainted with Boston in 1927, when she took the postgraduate nursing course given by the Massachusetts Eye and Ear Infirmary. Before coming to the General she had been instructor of nursing education at the University of Michigan, Vanderbilt University, and Western Reserve University. At the MGH she was appointed an assistant principal as well as the supervisor of instruction, with responsibility for certain aspects of curriculum administration as well as for instruction in the sciences and some clinical subjects. Several years had elapsed since the supervisor of instruction had herself taught the sciences; the staff now included one senior and one junior graduate nurse instructor who taught anatomy and physiology, bacteriology, and chemistry. Miss Kempf was to teach psychology and sociology. When she joined Miss Sleeper and Miss Smith as a senior faculty member, there were three younger leaders of the profession to work with Miss Johnson on the School's development.

Since 1919 the entrance requirements for nursing schools in Massachusetts had been specified by the State Board of Registration of Nurses. During this period no student might be admitted before her eighteenth birthday; the MGH School preferred applicants between the ages of twenty and thirty. The Massachusetts board had gradually raised the educational standards for admission by specifying the units of study that applicants from approved high schools must present. The MGH School gave priority to those who stood in the upper third of their class, who had grades of 75 or above, and who had taken the college preparatory course. To attract these students, however, had become increasingly difficult. Perhaps the tone of the statements in the School's *Announcements* regarding acceptance and termination had a chilling effect, particularly the principal's power to "terminate the connection of a pupil

with the school at any time for reasons which may seem to her sufficient"—a regulation related to the student's heavy involvement in nursing service as well as to her level of success in the School. In any case, the School had no systematic program of recruitment or a staff delegated to do the job.

Of the 837 students who entered the School in the decade of the 1930s, 36 held bachelor's and 2 master's degrees. A number of nursing schools had instituted an admissions requirement of two, sometimes four, years of college, and the MGH School was eager to secure college graduates or young women with one or more years of study beyond high school. To attract such students, Miss Johnson and Miss Sleeper spoke at junior and senior colleges or organized special programs to present Nursing and the School when college students visited the MGH. The deans of Radcliffe and Simmons colleges, who had become members of the Ladies Advisory Committee, helped to arrange speaking engagements.

Most MGH students came from Massachusetts; only about an eighth of the student body came from outside New England. The annual enrollment was about 325, new classes being admitted twice a year; in addition there were about 40 affiliates from other schools. A number of schools with comparable standards were considerably more expensive than the MGH School, where the long-established tuition charge of fifty dollars for the three years remained in effect, with only a five-dollar activity fee added. As late as 1945, uniforms and most textbooks were still provided, after the preliminary term. Scholarships and loans were available in the same limited amounts as in the past.

The MGH School for many years had had an outstanding record of graduating many young women who went on to leadership positions in hospital and nursing school administration, teaching, and public health nursing. Indeed, its 1930-1931 *Announcement* emphasized that the aim of the School was not only to prepare nurses to care for individual patients but to lay a foundation for work in these other fields. By the mid-1930s, however, its goals as defined in the *Announcements* were shifting in response to contemporary thought. The School now undertook to prepare students not only to give "intelligent and skilled nursing care,"

but also “to teach others the principles and practices of health, to function intelligently as a health worker in the community, to maintain her own physical and mental health, to develop her own capacities as an individual, and to consider throughout this entire program, the patient as an individual.”⁵ After the publication of the NLNE 1937 *Curriculum Guide*, which refocused much thinking about the philosophy and implementation of nursing education, the MGH School added to the traditional list of courses in the *Announcement* a statement of the broad purposes of the curriculum. Stress was laid on the importance of planning the educational program to ensure progress from elementary to more complex learning experiences, and upon stimulating the student’s initiative, so that she would realize the maximum benefit from her integrated courses and field experiences. Up-to-date teaching methods such as the symposium and the use of visual aids were also emphasized.

The School’s aim continued to reflect the two long-standing foci of the program: to prepare a nurse “to give intelligent and skilled care and to develop her own capacities as an individual.” The more recent emphasis, which stressed the need for students “to teach others the principles and practices of maintaining their health and to become able to function intelligently as a health worker in the community,”⁶ was being more fully developed by the addition to the faculty of an instructor of public health nursing.

For years, prospective candidates for an entering class had been instructed about the style and number of uniforms, aprons, and accessories that they must bring. The required outfit for the preliminary term was still the pale blue dress with long sleeves and apron, and black shoes and stockings. The cap must be earned during a successful preliminary term. Then from the School’s sewing room would come bibs and “checks,” as the black-and-white-checked gingham dress was called. Skirt length regulations permitted ankles to be revealed, but knees—never! Class pictures of the early thirties show that rigorous inspection and insistence on uniformity by Miss McCrae and her graduate and student assistants had indeed produced remarkable neatness and outward conformity.

The preliminary term was now described in the *Announcement* as “a

period not only of intensive study, but a time of adjustment.”⁷ At least the new student by 1932 had eighteen weeks instead of just sixteen in which to become acquainted with the Hospital, to learn the procedures, to adjust to teachers, head nurses, doctors and patients, and to absorb the content of 475 hours of class instruction. Preclinical ward hours had been reduced; the student’s schedule still called for an average of about 3 hours per day in the practice of nursing techniques. On weekends she had every Saturday afternoon off duty, the morning or afternoon on two Sundays, and all of Sunday every third week. Miss Pohe had introduced 5 hours of instruction in study methods to help the beleaguered newcomer plan her time and to help dispel the feeling that no amount of effort would enable her to complete all assignments.

During the remaining six months of the first year (the junior term), the student had 8-hour duty on medical and surgical wards, and some associated experience in the Out-Patient Clinics and in the diet kitchen. Course content introduced in the preliminary term was developed further, the progression in course titles indicating the relationships. “Personal Hygiene” (8 hours), for example, became “Health Education I” and was followed by “Health Education II” (4 hours), which dealt with body mechanics.

By 1934 the project method of instruction, in which the students demonstrated the nursing care of patients, had been adopted in many clinical courses. These classes were designed to bring students into the teaching process, to give them experience in presenting carefully prepared material and nursing methods, and in particular to shift the focus from routine procedures to meeting the needs of the individual patients. It was evident that an effort was being made to help the students see beyond the Hospital. Each 50-minute class was held in the Ether Dome (medical) or the upper or lower OPD amphitheater (surgical). A project in Medicine I dealt with “Nurses’ Visits to the Homes of Diabetic Patients”; another, related to orthopedic nursing, demonstrated “Nursing Care of the Patient with Tuberculosis of the Spine.” A largely theoretical course such as “Communicable Disease Nursing” (Medicine II) was made more stimulating by a project on the “Nursing Care of a Scarlet Fever Patient in his Home.” An intriguing topic in Medicine I

was “An Afternoon on the Ward from the Patient-Nurse Viewpoints.” Much thought and effort were required by both students and instructors in conferences and rehearsals, and much energy went into collecting properties and carrying them to the classroom and back to storage, but the results were highly rewarding.

One of the instructors taking part in this series was Edythe Angell (MGH 1919), who used such new approaches to great advantage in developing the three-unit course in “Operating Room Technique I, II, III,” described in the *American Journal of Nursing* in 1935.⁸ Miss Angell had begun her career with three years in the operating room at the Phillips House, followed by seven years of operating-room nursing and supervision before she returned to the MGH to be supervisor and instructor of operating-room technique from 1929 to 1935.

Occasionally a student would contribute a helpful teaching aid. For example, Eleanor M. Hill (MGH 1933), a novice in the operating room, once found herself at a loss how to respond when the surgeon’s assistant mumbled an inaudible request from behind his mask. She handed up a number nine needle threaded with No. 00 catgut; the choice proved to be right, but as she recalled later, “the mental anguish experienced in the few seconds of silent debate . . . left an unforgettable impression.”⁹ After the operation Eleanor Hill consulted fellow students, and they developed a needle chart. On a large piece of heavy cardboard thirty-five common needles were placed in a column and labeled. Beside them appeared a description of the use of each, with samples of the appropriate suture materials whether catgut, silk, or linen. Miss Angell and her assistant and the resident surgeons on the East and West services added their suggestions. The chart was then shown to Miss Johnson and Miss Sleeper, who realized that the best possible learning occurred when students took the initiative and their efforts were supported. The chart became standard equipment in the appropriate unit of Miss Angell’s course, and at other times was hung in the nurses’ workroom in the amphitheater for all to consult.

Students were often innovative, but there were few who, like Eleanor Hill, wrote up their ideas; no doubt many similar ideas were lost, at a time when writing by nurses was a rarity and was little encouraged.

Miss Johnson reported at graduation in 1940 that twelve MGH graduate nurses had published books to that date. Not many schools could have shown a better record, but publications by nurses were on the increase.

Two experiences, unlike any others, continued to be assigned to a few students selected because of their prowess or availability. In MGH parlance, one who provided help on demand between 7:00 P.M. and 7:00 A.M. was designated a “float.” Usually a student in the second half of her first year was assigned to be the “Little Float” while a senior was the “Big Float.” The Little Float had her headquarters on Ward F, which had its own potential for hair-raising because the long lonely corridors were often deserted, and the outermost rooms were remote. Also, many of its patients had infections of some seriousness. In whatever lulls might occur between trips to various wards, the Little Float was expected to prepare a full bag of packaged dressing sponges to augment the ward supplies—the head nurse considered 250 packages a satisfactory contribution. To generations of present-day nurses who open commercially prepared sponges in which they have invested no labor, this process of folding gauze into sponges and wrapping them in unbleached muslin covers may seem unbelievable. For decades any MGH nurse, by the time she graduated, could go through those motions in her sleep. On a busy night, the likelihood of completing a bagful was slim indeed. This assignment started when the Little Float was on call in her room. By nine o’clock she was generally over in the Hospital helping a regular evening (relief duty) nurse who could not cope with all of the additional demands. The interns and residents, rushed unmercifully with their own work, sometimes could not arrive earlier on the ward to make an examination or carry out a treatment that required the assistance of a nurse. The assigned evening nurse could not assist him, so the Little Float was called. Between 11:00 P.M. and 7:00 A.M. the assistance given to the night nurses might include specializing an extremely ill patient, assisting when a patient returned from emergency surgery, or helping to care for a patient who had died. In an effort to conceal the patient’s state and destination, the term “Allen Street” was used because there was located the morgue. Many a Little Float remembers those trips when she accompanied the orderly out to the Allen Street Pathol-

ogy Building. The experience of the Little Float was hard to surpass for variety and responsibility, and for new and vivid happenings that often caused her considerable trepidation.

The Big Float, having arrived at senior sophistication, was less vulnerable to shock, but no less valuable. She was most apt to be called to the emergency ward or to scrub for an operation. With only two night supervisors in the General Hospital to deal with all of the emergencies in addition to their regular duties, the Big Float provided one more person who could help. Since there was no dearth of assignments for her, she, too, had few unoccupied hours through the night. New buildings erected in later years eliminated some of these spine-tingling experiences and provided others.

CHAPTER 18

Planning for the School's Future

ALTHOUGH the history of the MGH School had been one of continuous effort to keep abreast of the best contemporary standards in nursing education, those responsible for its welfare came to realize in the thirties that the School was at a critical juncture. Fewer young women of maturity and good educational background were applying. Some may have been discouraged by the publicity about an oversupply of nurses, but this was a minor factor. An increasing number were entering college. More sophisticated vocational guidance in high schools was directing attention to the advantages of college programs in Nursing, such as the one at Simmons. Also, a number of good small diploma-schools in Massachusetts offered better living and recreational facilities, some educational experiences not available at the MGH School, and a shorter work week.

The School faculty knew that their class program compared favorably with that of most other schools, but they were concerned about the relatively narrow range of experiences offered, the heavy service load, and the need to improve nursing practice. Because of the preponderance of surgical patients at the MGH, students were assigned to their care for twelve to fourteen months (40 per cent of their program). Only one-tenth had nursing experience in public health or communicable disease and fewer than half in psychiatric nursing; as late as 1937, thirty-four of a class of eighty had none of these experiences, and no student had more than one.¹ Student nurses provided approximately 85 per cent of the bedside nursing in the General Hospital and 18 per cent in the Baker Memorial. In the Out-Patient Clinics there were four graduate head nurses, but otherwise students carried all the nursing. Students also regularly worked overtime; they were borrowed from somewhat less

busy wards to relieve on other wards, where they would frequently be the only nurse on duty. At the time, the recognized standard of care for ward patients was 3 hours per patient per 24 hours. Nineteen floor duty nurses had been added at the MGH before 1937, but there were still not enough students and graduates to provide that amount of care. The knowledge that it was impossible for students to practice appropriate nursing care remained the central concern and frustration of Miss Johnson and her staff. Efforts to correct the situation had been largely unavailing, and the future of the School was at stake.

On New Year's Day 1937, Miss Johnson, Miss Sleeper, Miss Smith, and Miss Kempf spent the holiday in conference. "They had reached the point," Miss Johnson said, "where they believed that they could no longer carry the responsibility for the School" as matters then stood. They saw three alternatives: to continue the present program; to close the School and provide nursing care for the patients in the Hospital with graduates and subsidiary workers; or to reorganize the School with an improved curriculum and enough graduate staff nurses so that the practice and teaching of good nursing would be possible.

That January, their conclusions were presented to the Advisory Committee of the Training School, which voted to appoint a small committee to study the needs of the School and the Nursing Service, and to prepare a report. Miss Sleeper was relieved of her other responsibilities for a time to direct the study and write the report. The members of the study committee were Nathaniel T. Kidder and Francis C. Gray, representing the Trustees; Dr. James H. Means, representing the medical staff; Dean Frances R. Jordan of Radcliffe College and Dean Jane Mesick of Simmons College; Mrs. Robert Homans (Abigail Adams Homans), representing the Ladies Advisory Committee; and Dr. Faxon and Miss Johnson *ex officio*.

Miss Sleeper's task was a double one: to outline an educational program that would prepare the student for hospital work, private duty, and community services such as public health nursing; and to estimate the approximate cost of introducing and maintaining such a curriculum at the MGH. As a basis for change, the following principles were assumed: the education of nurses is the primary function of a nursing

school; the care of patients is the primary function of a nursing service. The nursing service given by students as an essential part of their education should be regulated according to sound educational practices, and should be supplementary to a nursing service provided by a stable number of graduate nurses, to be increased at times of emergency. In planning the educational program, the School should take into account the students' needs, including time for study, rest, and recreation; the needs of the community, in health and sickness; and the needs of the Hospital. And, finally, students admitted to the School should possess the intellectual and emotional maturity necessary for professional service.

The first step recommended was the delegation of the major responsibility for nursing service to a staff of graduate nurses, who would receive guidance to improve the nursing care. The School, no longer required to supply large numbers of students to provide nursing care, could then choose well-qualified applicants and offer them an enriched curriculum with selected learning experiences free from premature responsibility and the pressures of service. Every student would have a wide range of affiliations. Content derived from psychology and sociology would be used, to a far greater degree than before, in ward and classroom discussions concerning individual patients and community nursing.

Miss Sleeper and her colleagues gathered data from observations on the wards to demonstrate the existing situation and presented the facts in the form of graphs and tables. They decided upon an appropriate curriculum with relevant clinical experiences, devised a plan to rotate the students through the experiences, and arrived at a fixed number of students to be assigned to each service. Working from this base, they estimated the number of graduate nurses needed to furnish the desired standard of nursing care and, lastly, estimated the costs of establishing the curriculum and of supplying graduate nursing service. By May 1937, a preliminary report was ready for informal presentation to the Ladies Advisory Committee. Although they were familiar with many separate elements of the problem, this was doubtless the first time they had heard an overall view so clearly presented, with such a specific set

of recommendations for such thoroughgoing change. They had much to digest.

Miss Sleeper and her committee had come to the view that there were many disadvantages to closing the School, that the needs of the Hospital could not be met by a college-based program, and that it appeared impossible to sustain an all-graduate staff. Since the largest number of the 471 graduate nurses then employed throughout the Hospital were MGH graduates, the committee concluded that "for some time to come we are forced to prepare our own product for our own consumption."² They therefore recommended that the MGH develop the best possible hospital school of nursing, based on the guiding principles set forth in the study. To this end they called for a large increase in funding, to take place in four stages. Increases in the School and Nursing Service budget of \$35,000 for 1937-1938 and \$70,000 for 1938-1939 would be used to employ graduate nurses for both administrative and general duty. As rapidly as Hospital finances and the development of the School's endowment would permit, further support would be added to bring the annual budget to a total of \$120,000. And a campaign would be undertaken to raise \$3,000,000 in endowment funds for the School.

The final report of 64 pages, with a 10-page summary, was submitted to the Board of Trustees in July 1937. Some time elapsed before any action was taken, and the outcome was disappointing. Funds in the amounts requested proved not to be available, although some efforts were made to obtain them. (Dr. Faxon and Dr. Hans Zinsser, representing the Trustees, presented the School's needs to the Rockefeller Educational Foundation, which made no decision.)

Progress was slow. Nevertheless, the members of the study committee and Miss Johnson and her staff were somewhat encouraged, feeling that an increased understanding had been attained. However, the Ladies Advisory Committee and others sought action. In the spring of 1938 Dr. Faxon, Miss Johnson, and Miss Sleeper discussed with Phillips Ketchum, Treasurer of the MGH, and other Trustees the possible justification for spending money on the School if an improvement in Nursing Service would result, equivalent to that anticipated if the care of patients were to be accomplished by graduate nurses in the absence of a

School. The Trustees asked the study committee to present a revised estimate, embodying the School's primary needs.

The committee then submitted three sets of requirements in order of priority, the first to be implemented immediately, a second for the coming fall, and a third to be considered for "the near future." All were focused on ways to improve the nursing care by more help, shorter hours, and increased supervision—measures that would also benefit the student's educational program. The total estimated expense amounted to \$40,000. In June 1938 the Trustees asked the committee to revise these requests again, so as to reduce the cost by half, and a new set of recommendations involving an expenditure of \$24,000 was submitted, which was finally authorized in October.

Also, the hours of floor nurses on night duty were reduced to 56 per week, and to 54 for day duty—both still high compared with those of some other local hospitals. The student work week was somewhat reduced, since 4 hours of class were now to be counted as part of the total of 52. These changes and some additional personnel made possible some improvements in the School program. In May 1939, a summary of all of these efforts and developments was presented by Miss Johnson to the complete Advisory Committee and to Trustees who had been especially invited to attend.

Between 1936 and the fall of 1939, while so much effort was being devoted to achieving greater financial support, thought had also been given to the possibility of securing associate membership for the School in the Association of Collegiate Schools of Nursing. No hospital school had accomplished this, but a review of the Association's *Standards for Membership*, as revised in 1937, gave reason to hope that the MGH School might be eligible if certain stipulations could be met.

A school that did not function directly under an accredited college or university might become an associate member if control were vested in a specially appointed board that would safeguard the interests of the public, the faculty, and the students. The MGH School leaders envisioned such a group that would include three MGH Trustees, the Director of the Hospital, the Principal of the School, a dean of Radcliffe College (representing general education), the dean of Harvard Medical

School, a physician on the MGH Staff, and one representative each from the Ladies Advisory Committee, from the Alumnae Association, and from the field of public health nursing.

The ACSN also specified standards for the financial support of a school and the preparation of its budget. Cost accounting in hospitals had not yet generally separated the expense of nursing education from other costs, and though the MGH participated in the cost study undertaken in 1937 by a joint committee of the NLNE and the American Hospital Association, more specific knowledge about existing operating costs was needed to prepare a trial budget for the ACSN. For a number of reasons, however, the MGH School never became either an associate or an active member of the ACSN, even later, during the years of its association with Radcliffe College in the Coordinated Program.

In evaluating the curriculum of a school seeking membership, the ACSN used as its standard the recommendations of the NLNE's 1937 *Curriculum Guide for Schools of Nursing*. The nature of these recommendations posed special problems for hospital schools.

The 1937 *Curriculum Guide*, like its predecessors of 1917 and 1927, occasioned much self-examination at the MGH School, some self-congratulation, and a sobering realization of how many goals were still to be achieved. It differed markedly from the earlier publications in its philosophy of education and in the scope and depth of the program of studies. However, since it was expected to be utilized to some degree by both college and hospital schools of nursing, the recommendations had to be set within reach of the schools that did not have complete control of their programs. It was designed to serve as a challenging guide to the top 25 per cent of the schools in their efforts to prepare qualified students for a professional level of service.

Isabel Stewart, director of the division of nursing education at Teachers College, was again in charge of the study, carried out this time by the Central Curriculum Committee of the NLNE, which had replaced its earlier Committee on Education. The participation of hundreds of nurses, directly or through state Leagues, and the collaboration of experts from related fields provided an exceptionally valuable learning

experience for all concerned. Curriculum construction, on a more sophisticated level than heretofore, was a relatively new experience for many of the nursing school faculties. Articles in the *American Journal of Nursing* and papers in the annual reports of the NLNE helped to keep readers informed as the work progressed.

The new *Curriculum Guide* clearly reflected an era of major social change in the United States. The Great Depression had brought to the surface social and economic conditions that called for vast corrective efforts, particularly in the field of public health. The older view that public health related largely to matters of sanitation and epidemic control was being replaced by a concern for all factors that affected healthful living. As we have seen, many educators had sought in years past to broaden and deepen the preparation of nurses beyond the ability to provide bedside care of the sick. Now a nationwide effort was underway, utilizing nurses as never before. Without changes in the hospital-school training programs, a wasteful system that prepared nurses for far-too-limited functions would be continued. Schools of nursing conducted by colleges or universities were already committed to a broader professional curriculum, but their progress too had been uneven.

A survey published by the National Organization for Public Health Nursing in 1934 had pinpointed the functions for which public health nurses were inadequately prepared. The teaching function was found to be poorly carried out and, since few staff nurses in public health agencies had had any preparation for their work beyond the hospital school of nursing, it was not incorrect to assume that most nurses in any setting would be found to have the same difficulty. Obviously this skill could not be acquired from classes and study alone, but must be developed as the student learned, under careful guidance, to provide care for selected patients.

In 1937, as in 1917 and 1927, the major impediment to constructive change was that most schools could not limit the hours the student gave in service to the hospital. All members of the faculty needed to be free to concentrate on the educational program, not the nursing service. It was noted that professional workers in other fields, unlike those in Nursing, were not expected to be highly skilled practitioners on the day

of graduation. In the opinion of Isabel Stewart and her committee, the curriculum should not be expected to prepare the student for specialized functions or the technical branches of her profession.

Rather, the committee began by identifying and analyzing typical nursing situations that professional nurses would meet not only in the hospital but in the home and community. This provided a realistic and useful frame of reference for constructing a curriculum. Many other approaches were also utilized to determine the best means of achieving the central aim. Greater attention was to be paid to helping the student reach her potential growth so that she could later contribute more fully as a nurse and as a citizen, aware of her social responsibility.

Realization of these aims would require fundamental readjustments in the knowledge, attitudes, and practices of educators in nursing schools. If the student were to learn methods of adjusting to a given nursing situation, at the appropriate time for her in the program, the clinical instructor must be an active partner in the selection of the experiences; the student could not be assigned to a ward where her main purpose was to perform work. If the student were to acquire habits of critical inquiry, desirable for members of a profession, she needed to understand the principles underlying practices, to analyze and compare methods, to question the findings of others, and to have her own challenged. Such an approach was a radical departure from the traditional "That's the way we do it here." Expanding the student's understanding of the patient to include the mental and emotional impact of his illness and the dislocations in his life caused by it would mean further change in many time-honored modes of instruction and patterns of assignment.

For this kind of learning an enriched curriculum was clearly necessary, and those involved in the preparation of the new *Curriculum Guide* had difficult decisions to make as they attempted to enrich the program and yet maintain realistic course hours. In addition to the usual medical, surgical, obstetric, and pediatric courses, they advised psychiatric nursing and nursing and health service in the family for all students. Many nurses who were expert in the technical aspects of their work had had trouble dealing with people. The narrow curriculum and authoritarian atmosphere found in most schools had done little to develop an under-

standing of human relations. Now the focus was shifting from compliance with the system to consideration of principles of individual and group conduct, through discussion of actual situations that the student encountered in her training. Reflecting the change in emphasis, the first-term course in ethics and the senior course in professional problems became "Professional Adjustments I and II." A program of guidance throughout the three years was strongly recommended, with faculty important in the role of advisor. Three courses, new to many schools and totaling 90 hours, were considered essential: psychology, sociology, and social problems in nursing service. It would be a problem to find nurses prepared to teach the first two; for the third, a medical social worker was recommended.

The *Curriculum Guide* also called for fundamental changes in the first course in nursing, which would now be called "Introduction to Nursing Arts." The first class would be devoted not to the making of an unoccupied bed but to a discussion of the purpose and scope of Nursing, and would emphasize the nurse's function in the conservation of health. Beginning by assuming a sense of responsibility for her own health, the student was to acquire knowledge and attitudes useful in her promotion of health education. Other units of the nursing arts course presented the traditional content, but the approach throughout was focused upon the patient, his protection and benefit, rather than upon the student's performance of set procedures.

All subsequent nursing courses were to build upon this base. The student should come to understand what constituted a state of health for the individual at whatever age level, from newborn to senescent. Obstetrics was to be presented as part of the normal process of the maternity cycle, and would emphasize the prevention of complications. Study of the growth and development of the infant, child, and adolescent was to be incorporated into pediatric nursing. Attempts were to be made to understand the basis for mental health and behavior considered normal. By graduation time, each student was to be able to participate in efforts to maintain health, not just to care for the sick, and to practice nursing with a broader understanding of her own role and that of other professionals with similar concerns.

At the 1937 NLNE convention Miss Johnson, as principal of one of the most noted hospital schools, was asked to discuss how the *Curriculum Guide* could be implemented at the MGH. She acknowledged that this would be a formidable task, but a direct attack by the principal and a working committee of her assistants and key teachers would make it easier. Subcommittees had embarked on reviews of present and recommended courses, of student housing, health, and social life. She would like, she said, “to make right those features that are now almost right, in order that we may have a sense of accomplishment, and, at the same time, hammer hard at those features which are least satisfactory.”³

She had been asked to comment on the additional expense to the MGH if the recommendations of the *Guide* were implemented. One of the most obvious costs, she pointed out, stemmed from having to substitute graduate nursing service if the students worked fewer hours at the MGH and went on more affiliations. Figures compiled by Miss Sleeper and others showed that for a school of 240 students, 238,104 hours would be lost to nursing service over a period of three years.⁴ Miss Johnson described the method which Miss Sleeper had worked out to determine the cost of additional graduate nurses and school personnel, and various other expenditures made necessary by the adoption of the new curriculum. New sources of income were suggested, among them increased tuition, but Miss Johnson stated that the main source must be the same one that helped to meet the costs of other forms of education: nurses must learn to interpret the needs and the merits of nursing education to potential donors of financial support.

The publication of the *Curriculum Guide* made plain the need to upgrade the minimum standards for Massachusetts schools of nursing, which had been in effect in the state since 1935. A revision was therefore undertaken and in 1944 published by the Approving Authority under the title *Minimum Curriculum and Syllabus for Schools of Nursing*. This statement raised the number of hours required in many courses, and additionally provided specific guidance to teachers on the selection of content—guidance that clearly reflected the recommendations of the *Curriculum Guide*. A considerable step forward, the 1944 statement was

the more remarkable in that it represented an unprecedented cooperative effort by doctors and nurses in the selection of material. Eleanor P. Bowen, the new Massachusetts supervisor of schools of nursing, and her associate, Mary A. Maher, helped coordinate this undertaking, working with Margaret Dieter and Dorothea W. Rice, the two nurse members of the Approving Authority. Assisting them were many Massachusetts nurses who had special preparation and experience in the administration of hospital and community nursing services or in the teaching of particular curriculum areas. Ruth Sleeper, chairman of the NLNE's national curriculum committee, fortunately was able to participate at the outset of this project; others at the MGH who had served on national or state committees eagerly joined in the venture.

A few examples will indicate the progress made and the gap that remained between the Massachusetts state standards and the NLNE's 1937 recommendations. By law in Massachusetts the course of study was three years and all 1,095 days had to be accounted for in school reports to the Approving Authority. The preliminary term might range from not less than four to not more than six months; the NLNE recommended two semesters, approximately eight months. Most of the scientific basis for the practice of nursing was supposed to be acquired in that term, before the student began the actual care of patients. Table 18-1 shows the number of hours assigned to the three physical-biological

Table 18-1
COMPARISON OF COURSE HOURS

Course	Hours			
	1935 Mass. minimum standards	1937 NLNE <i>Curriculum Guide</i>	1941-1942 MGH	1944 Mass. minimum standards
Anatomy and physiology	60	90-105	90	90
Chemistry	24	80-90	45	45
Microbiology	30	45-60	45	45
Psychology (recommended)	15	30	24	15
Sociology	0	30	15	10

sciences and the two main social sciences by the 1935 and 1944 state directives, in comparison with the curriculum in effect at the MGHSN and the one recommended by the NLNE. Such a comparison, of course, does not take into account the competence of the teachers or the high school science preparation of the students, which was seldom strong.

The new Massachusetts minimum standards increased the time devoted to the first course in nursing principles and practice from 90 hours to 150. The NLNE recommended 135, but in this case hours are not an accurate basis for comparison since the *Curriculum Guide* had reorganized the course and introduced new content. The MGHSN course had always been much longer than the average; in 1941–1942 it included 200 hours in “Nursing I.”

In Massachusetts, before 1944 the required hours for the clinical courses had been very low and the so-called specialties were included. For example, in 1935 the requirement for nursing in surgical diseases was only 30 hours—gynecology, urology, and orthopedics were a part of the course. The 1944 requirement specified a modest allotment of hours for each specialty and another for general surgical nursing, making a total of 60 hours. The NLNE *Curriculum Guide* recommended the teaching of medical and surgical nursing in a combined course including all of the main divisions and totaling 240 hours. In 1941–1942 at MGH the total time allowed for medical nursing and surgical nursing, each with special areas included, was 139 hours. The new state standards allotted 30 hours each to obstetrical and pediatric nursing, and only 15 for psychiatric nursing. Public health nursing became a 10-hour lecture series; it was expected that health and social factors would be integrated into all courses. The hours specified were of course the minimum requirement, but there were still many schools in Massachusetts in which the law was the chief insurance that the minimum would be reached.

The number of hours was certainly not regarded as a criterion of excellence; ward teaching, which did not lend itself to the same kind of accounting, was often more meaningful than classroom presentations. The total of class hours, however, gives some indication of the quality of a curriculum, and the Massachusetts Approving Authority's accomplishment was significant.

Altogether, the *Curriculum Guide* represented a positive gain for nursing education, embodying new thinking about both content and methods, and setting off determined and successful efforts to raise standards in Massachusetts and elsewhere. However, it did not raise the education of nurses to the level required for the other two groups of women professionals working in hospitals, medical social workers and dietitians, for whom college training had long been taken for granted. Yet there were still some members of the medical profession who grumbled about nurses being overeducated. The old association between Nursing and Medicine created dilemmas for both groups.

In 1938 the education of nurses at the MGH School was strengthened in two important areas: clinical instruction and some aspects of public health nursing. The appointment of a supervisor of clinical instruction and staff education had been one positive outcome of the study for the reorganization of the School. The other new appointment, an instructor in public health nursing, had been authorized in 1934 but, owing to the great demand for qualified personnel in this field, Miss Johnson had not been able to fill the post.—

Even before 1920, as we have seen, there had been valiant efforts to improve the clinical instruction (or ward teaching) in schools of nursing, and thereafter the need to focus the teaching on the care of the individual patient had been increasingly appreciated. The responsibility for instruction, however, fell upon personnel who were either already overburdened or poorly equipped for a teaching role: the clinical supervisors, with their demanding nursing service functions, and the head nurses and other supervisors. The general staff nurses through force of example also played a part in the students' education. Many of these were graduates of other schools, and needed help in gaining background for practice at the MGH, where the care of patients was more complex.

The senior faculty at MGH had recognized for some time the need for an instructor to organize a ward teaching program that would guide and coordinate the work of all these individuals as it affected the students, as well as an educational program for staff nurses that would en-

courage growth and personal satisfaction. As often before, Miss Johnson spotted a promising candidate, and then used her availability as a strong argument to secure authorization for the job. Anna M. Taylor (MGH 1928), appointed clinical instructor in 1938, had received a B.S. from Teachers College in 1932; she had taught both science courses and nursing practice and had served as director of education for three years at the Methodist Episcopal Hospital in Brooklyn, N.Y. From 1936 to 1938 she had been the energetic and successful supervisor of medical wards and instructor of medical nursing at the MGH, and she was just completing her M.A. at Teachers College. The pioneering aspects of this new post appealed to her, and the enthusiastic support she received did much to facilitate her work.

Miss Taylor viewed education as a democratic process in which each individual developed by active participation. Free of responsibility for nursing service, she worked with teachers and supervisors, head nurses, and students to improve the correlation between courses and clinical practice, and to better integrate the course material from the biological and social sciences in the teaching of nursing. Supervisors and head nurses were helped to take a fuller and more skillful part in ward teaching. By explaining her functions and program to the visiting doctors, residents, and interns, Miss Taylor gained their enthusiastic support and active participation in both the ward teaching and staff education programs. She drew the graduate staff nurses in the Phillips House, the Baker Memorial and the General Hospital into the planning of demonstrations and discussions which they found stimulating and helpful.

Miss Taylor found no end to the needs and opportunities. Ward instruction and nursing experience records as well as evaluations of student achievement were instituted or revised. More reference works and teaching materials were provided. During her two years in the post Miss Taylor acquired the background for much of the material for her book on *Ward Teaching*, which was published in 1941. Its realistic focus on concrete details of a teaching program in a large, complicated, demanding hospital proved immensely helpful to those elsewhere who dealt with similar problems. While studying at Teachers College, Anna Taylor worked part-time with Mary M. Roberts, editor of the *American*

Journal of Nursing. She left the MGH in August 1941 to become assistant editor of the *Journal*.

During the next five years the position of clinical instructor was held by three persons, and because of wartime conditions, its scope diminished. Miss Taylor's successor was Helen Penhale, a graduate of the Mount Sinai Hospital School of Nursing in New York City, who had received B.S. and M.A. degrees from Teachers College. She had had experience as a medical nursing supervisor in her own school, and as supervisor of surgical nursing at the University Hospital in Ann Arbor, Mich. After only a year at the MGH, Miss Penhale accepted a position on the faculty in the nursing department of the University of Western Ontario, Canada.

In seeking a replacement, Miss Johnson consulted Martha Ruth Smith at Boston University, who recommended Frances Reiter, a graduate of the Johns Hopkins Hospital School of Nursing, who had received a B.S. and an M.A. from Teachers College. In 1942 she had been appointed at BU to the position of instructor of nursing education and coordinating supervisor. While continuing to work at BU, Miss Reiter became supervisor of clinical instruction at MGH, where she spent about three-quarters of her time. She continued the improvement of the clinical instruction and served on the library committee and the committee on nursing, which had joint membership from both School and Service. Students and graduates enjoyed her originality and enthusiasm.

After Miss Reiter's resignation in 1945, Edna Fritz held the same joint appointment at BU and the MGH School for a year, the first member of the faculty to have graduated from a four-year college nursing program. After receiving a B.S. degree from the Russell Sage College School of Nursing in 1940, Miss Fritz had a year of staff nurse experience and then studied at Teachers College, where she received her M.A. in 1942. Between 1942 and 1945, she had been supervisor and clinical instructor in medical nursing at the Cornell University/New York Hospital School of Nursing. After another war year in which BU's cooperation benefited the MGH, it became possible for the School to appoint a full-time supervisor of clinical instruction who had no responsibility for the staff education program of nursing service.

The addition of a public health nursing instructor to the MGH School faculty was the culmination of a long effort to incorporate the public health viewpoint in the curriculum. As we have seen, ever since a few MGH seniors had been given the option of taking the four months' course organized by the Instructive District Nursing Association of Boston in the years before World War I, the MGH and other hospital schools had been slowly changing instructional approaches and curricula with this goal in mind. A narrow concern with curing the hospitalized patient of his illness had been expanded gradually. Instruction in the thirties gave considerable attention to the family and community backgrounds of sickness and health. Nevertheless, the students' knowledge remained largely hospital-bound. There was little study of the normal course of child growth and development, or of the structure of family life, particularly among groups with differing cultural patterns. Students had only limited exposure to the content and methods of health teaching. There was little opportunity for them to apply and amplify the knowledge gained in the classroom. And among hospital and school personnel at the MGH and elsewhere, most faculty, head nurses, and staff nurses, having had none of this preparation themselves, held a limited view of nursing functions.

At the same time, community health agencies were having difficulty finding qualified staff. The studies of the Grading Committee and the NOPHN's survey revealed that 93 per cent of the nurses employed in public health nursing had no educational preparation beyond undergraduate training, usually of the hospital-curative type. For the vast increase in health programs in the United States, hundreds of public health nurses were needed, and hospital schools of nursing were under increasing pressure to provide a suitable educational base, and one on which advanced programs could be built.

An essential step to the kind of expansion needed was deemed to be the appointment of a public health nurse to the faculty. This position would differ from that of the supervisor of nurses and instructor of public health nursing in the Out-Patient Department, first established in 1926. The second incumbent of this post, Adaline Chase, had been succeeded in 1932 by Filomena deCicco (MGH 1922), who had been a

staff nurse with the Community Health Association of Boston (formerly IDNA) and public health nursing supervisor in Melrose, Mass. When she became ill in 1934, Miss Johnson appointed Louise Hollister (MGH 1933) to be the acting supervisor.

When Miss Johnson at length was able to find a public health nursing instructor, the choice fell on Mary A. Maher, a graduate of the Rhode Island Hospital School of Nursing in 1930. Before entering public health work, Miss Maher had been psychiatric nursing supervisor at the Strong Memorial Hospital, Rochester, N.Y., and assistant theoretical instructor at her alma mater. She took the graduate course in public health nursing at Simmons College, receiving a certificate in 1936, and then had two years of valuable experience in Boston's Community Health Association. She was thus familiar both with the work of Boston agencies and with the preparation needed by nurses who intended to amplify the care received by hospitalized patients or to enter community health nursing. At the MGH she began at once to acquaint herself with the wards, the OPD, and the School's courses.

Miss Maher was quick to appreciate the rich potential of the OPD. An early step was to analyze the teaching content of the major OPD clinics and set up experience guides for the students. She arranged for students in pediatric nursing to see children in the OPD cardiac clinic and to accompany the social worker on home visits. Later, through the Boston Council of Social Agencies, she secured nursery school experience for small groups of students for a period of several days. (It is interesting to note that authorization had to be procured from the Massachusetts Board of Nurse Examiners and the New York Regents before nursery school experience could become a regular part of the course in pediatric nursing.)

Group classes for patients were also instituted on the medical wards, in which the clinical supervisor would discuss such topics as ways to prevent upper respiratory infections or the complications of diabetes mellitus. The content for these meetings had to be carefully prepared and approved by the medical chief of service. Reference materials were collected that students could use in teaching individual patients. Miss Maher took an active part in ward conferences and clinics and in re-

viewing the case studies written by students, always emphasizing the needs of the individual patient, both in the hospital and at home, where he must be prepared to take care of himself. She did a spot-check of patients ready for discharge, and reviewed, with either a student or the head nurse, the instructions that each had received. She also arranged for each head nurse to spend a day with a nurse in the Community Health Association, an experience that extended the head nurses' understanding of the benefits of cooperation.

Miss Maher reviewed with the nursing instructors the content in the course "Nursing in the Home" (N III) and joined in teaching it. In 1939 her advice was sought when procedures were being set up for use on the isolation ward about to be opened on the twelfth floor of the new White Building. She brought social workers and dietitians more into the teaching program both on the wards and in the classrooms. This involvement on all fronts might have daunted some faculty members, but Mary Maher had a refreshing enthusiasm for improving the care of patients and for promoting an understanding of community health nursing. Her humor and zest for her work helped bring about change in a situation where many people saw no need for it.

After two years, she was granted a leave of absence (1940–1941) for study at Teachers College. Miss Johnson found an excellent substitute in Marion Woodbury (MGH 1920), who had been introduced to the field of public health nursing as a senior when she took the four months' course at Simmons College. Miss Woodbury had for seventeen years been director of nursing in the Great Barrington Visiting Nurse Association (later the Berkshire Health District) in western Massachusetts. Miss Maher did not remain at the MGH, but in 1942 took the position of supervisor of schools of nursing with the Massachusetts Board of Registration in Nursing.

In 1943 Susan Andrews became instructor in public health nursing at the MGH School. Miss Andrews had obtained her certificate in public health nursing from Simmons College, following graduation from New York's Presbyterian Hospital School of Nursing and several years of experience as a staff nurse with the Newton (Mass.) District Nursing Association, during which time she also studied at Boston University.

She was succeeded in 1945 by Alma Cady Phillips (MGH 1935), who had been a general duty nurse and then a head nurse at the MGH before acquiring the Simmons certificate in public health nursing; afterwards she had served for five years as supervisor of nurses in the MGH Out-Patient Department.

The importance of the improvements in curriculum made during the thirties and early forties, especially in the public health sector, became evident when the United States entered World War II. At a time when nurses had to perform a vital function in maintaining health among civilians as well as in the armed forces, instruction essential to broadening nursing education had secured a foothold in the schools. Partly through the use of the *Curriculum Guide*, nursing educators and administrators had become noticeably more aware of the importance of social and health content and more willing to include it in ward and classroom teaching. Much of the credit for this accomplishment belongs to the public health nurses who accepted teaching positions in schools of nursing. In college-based programs, where more of the faculty had preparation for public health nursing, it was easier to realize these objectives. In those programs, for instance, all students were prepared for a culminating field experience of two to four months in a community health agency. Unfortunately, there were not enough agencies to supply this experience for graduate nurses, students in college programs, and students in diploma programs, and since the graduates and college students were deemed better able to benefit from it, most diploma-school students gradually lost the opportunity for more than a one-day observation. The contributions of diploma-school instructors such as Mary Maher and others thus became more crucial.

The demands of wartime made it imperative to hold on to the gains the schools had made and to foster even more, despite the accelerated programs and inundation of students that taxed faculties to the utmost. The NLNE's Curriculum Committee, of which Miss Sleeper was chairman, urged each state League to join forces with the state organization for public health nursing so that together they might prepare materials helpful to the public health nurses and others on school of nursing fac-

ulties. The results of this cooperative effort appeared in the *AJN* during 1943.

In 1945 a joint committee of the NLNE and the NOPHN published its suggestions for the functions and preparation of the public health nurse on the school of nursing faculty. The recognized difficulties of her work included elements of trail-blazing as well as the necessity to gain the aid and cooperation of doctors, social workers, members of community agencies, and her own associates in the nursing school and nursing service.

It was essential for her to foster the development of social and health concepts throughout the curriculum by conferences and committee work as well as through her own teaching. Equally important was her role in helping to develop the extensions of patient care that she advocated so that the students might observe and participate in them. Eventually, the recognition of the values to all of continuity of care resulted in the development of referral plans.

Cast in the role of a promoter of incompletely accepted change, the public health nursing instructor on the school of nursing faculty was not in an ideal position for achievement. Yet until these views were more widely shared in the school, the hospital, and the community, her post was to remain the best solution, provided that the incumbent had both preparation and fortitude.

By 1936 it had become apparent that the small collection of books in the modest quarters in Walcott House provided six years before hardly constituted an adequate library for one of the largest training schools in the United States. There was no real catalogue, no librarian, and no room for expansion. Long before the National League of Nursing Education began the preparation of library-related materials for the 1937 revision of the *Curriculum Guide*, the MGH faculty had been acutely conscious of their library's deficiencies.

In the effort to improve the library, the Ladies Advisory Committee played a central part. By the mid-thirties it had appointed a subcommittee to consider the problem and to supply the committee as a whole with printed materials related to current issues in nursing education and

nursing service. Mrs. Thorvald S. Ross (Edith Parker, MGH 1922) was its chairman; working with her was Florence Kempf, the newly appointed assistant principal and supervisor of theoretical instruction, who was the faculty member responsible for the library. At the Ladies Advisory Committee meeting of December 1936, Mrs. Ross reported the need of a full-time trained librarian and also two volunteers so that the library could be open evenings. The question of costs immediately arose. Miss Johnson remarked that the Bellevue Hospital School of Nursing had spent \$4,500 that year on its library, regarded as a model among hospital-conducted schools of nursing; Bellevue estimated that \$5,000 annually was necessary to maintain it. The Ladies Advisory Committee knew that the MGH School would have to set its sights lower.

The next step was to find a professional librarian who could study the library and analyze its needs. It was probably through Jane Mesick, dean of Simmons College and a member of the Ladies Advisory Committee, that the committee was put in touch with Maxine Bailey, a recent graduate of the Simmons College School of Library Science who had developed a special interest in nursing school libraries during an undergraduate field experience at the library of the Bellevue school. In February 1937, Mrs. Ross reported that Miss Bailey had agreed to assess the library and to start some of the acutely needed improvements, working as a volunteer for one month, her carfare to be provided by Mrs. Ross and her lunches by the Hospital. Before the meeting ended, the ladies had voted to guarantee the sum of \$60 for Miss Bailey as acting librarian, for a second month's work.

In April 1937 Mrs. Ross shared with the committee a detailed progress report submitted by Miss Bailey. Quoting from the NLNE's new *Library Handbook for Schools of Nursing* on the importance of good library resources in the operation of a professional curriculum, Miss Bailey described what she had done to improve the collection and help students and teachers, although she had refrained from instituting changes that would require a trained worker. The next essential step was to reclassify and recatalogue the holdings according to the recommendations of the *Library Handbook*.

The committee's reaction was to recommend that the MGH Trustees pay Miss Bailey the salary of a full-time librarian for six months, to make a complete catalogue, and afterwards to support a part-time librarian who could take charge of the library with the help of volunteers. The Trustees responded by voting \$600 for the cataloguing, which Miss Bailey completed by November. Her work had already resulted in a greatly increased use of the library. Meanwhile Miss Johnson had informed the committee that in her view the School's greatest present need was for a full-time trained librarian. At this juncture there came to her aid Nathaniel T. Kidder, chairman of the School's Advisory Committee and a member of the Trustees' Training School Committee. Mr. Kidder had a deep personal interest in libraries, and in 1938 he supported the authorization for the permanent appointment of Miss Bailey as full-time librarian. Miss Bailey remained until the summer of 1939, when she accepted a position in the Bellevue school library.

During her stay at the MGH she did far more than systematize the use of the library. She fostered new and positive attitudes towards books and learning, libraries and librarians, among both students and graduates. With Miss Kempf's cooperation she gave entering students an orientation to the library. For the faculty she secured general reference materials, government pamphlets, and reprints that were unavailable at the MGH. She also prepared book reviews that were enjoyed by members of the student Book Club and located reference material for graduate nurses who were taking courses at the local colleges. She made the library a vital resource.

The shortage of space, however, remained a serious handicap. Mrs. Ross and the other members of the library committee continued to seek solutions and in 1940, in the shuffling of space occasioned by the opening of the new George Robert White Building, the library fell heir to the former accountant's office in the Moseley Building. This was a sunny room several times larger than the Walcott House Library and more centrally located. Efforts to raise money for new equipment and furnishings were started immediately. The Alumnae Association contributed \$150. Canvassing past and present members, the Ladies Advisory

Committee raised something over \$300. An ad hoc committee of which Anna Taylor (MGH 1928) was chairman raised \$1,271, and students also made contributions. The Hospital refurbished the room, and the Trustees appropriated \$800 for soundproofing the ceiling. Upon the opening, the library was renamed the Palmer-Davis Library, in honor of Sophia F. Palmer and Mary E. P. Davis of the Boston Training School class of 1878, pioneering first-generation leaders in Nursing. In her 1940 annual report, Miss Johnson declared that "the greatest single accomplishment of the year is the new School library."

In the Moseley Building the library was more accessible to everybody, whether for a conference between the librarian and an instructor, a study hour for students or graduates, or the quick verification of some reference. Maxine Bailey's successors, Elizabeth L. Stevens and Alma M. Sullivan, also graduates of the Simmons College library school, carried on with the same cordial helpfulness and professional skill. By 1946 the number of subscriptions to general and professional periodicals had reached 34, and the book collection totaled 3,108 volumes, 454 of which were distributed among the ward libraries. The resources of Treadwell, the Hospital's medical library, were now just upstairs, which facilitated cooperation between the two librarians. The School faculty formed a library committee of which Florence Kempf was the chairman. The librarian was a member of the faculty, but since her duties isolated her to a considerable extent from School activities her contact with the committee was very useful.

Life in the Palmer-Davis Library went on despite handicaps. The librarian had no assistant to relieve her to attend to business outside of the library or to go to meetings; she had no office, and no work area aside from her desk, which served as headquarters for all library activities. A few more feet of space were eventually obtained by annexing an adjacent office, and this made some room for storage and for more shelves. Vertical files were provided for pamphlets and reprints, which the instructors used increasingly. In this location the library and its librarians continued to serve the School for more than twenty years after Miss Johnson retired, until the School did at last acquire a building of its own.

In the year that the library moved to its new quarters in the Moseley Building, 1940, the MGH School received accreditation by the NLNE. The League's accreditation program had been five years in the making. Picking up the task bequeathed to it by the Grading Committee, the League had started preparatory research in 1935 by appointing a committee under the chairmanship of Nellie Hawkinson to study accrediting agencies in other fields of general and professional education. At the biennial convention the next year the League voted to accept the responsibility for accrediting schools of nursing. After some exploration of alternatives, in conferences where consultants from general education and hospital-related organizations met with representatives of the nursing organizations, it was decided to approach accreditation as a cooperative venture. Since the primary purpose was to help the schools improve themselves, and thereby the practice of nursing, they would participate in setting up criteria and working out procedures.

A review for accreditation would be conducted only upon the request of an eligible school. It would be based upon written reports supplied by the school and upon visits, which it was expected would include helpful discussions that might point the way to constructive changes. Schools were not to be rated in order of excellence; they would simply receive or be refused accreditation, and lists of accredited schools would be published.

There had been some anxiety about the level of standards. Obviously these might be higher than the minimum required by state laws, but would all schools be expected to achieve on a collegiate basis? The solution chosen was to judge each school in terms of its own stated purposes and objectives. In addition, the NLNE's Committee on Accrediting adopted the "principle of compensating excellences," whereby "inferiority in one aspect of an institution's work may be offset by excellence in another." Specifics of curricular materials or teaching methods were to be avoided; the purpose was to "stimulate experimentation and variation; . . . the function of policing should give way to one of educating."⁵

Under the direction of Clara Quereau, appointed professional secretary in the fall of 1937, the Committee on Accrediting during the year

1938–1939 made a preliminary study of 51 well-regarded schools of nursing, including the MGH, to secure basic data for formulating criteria. The program was launched in 1939, and in March 1940 the MGH School was notified of its accreditation. In June 1940, Elizabeth Burgess, now chairman of the committee, reported that 122 schools had applied and 20 had been accredited. She announced also that Adelaide A. Mayo (MGH 1917), former director of the Russell Sage College School of Nursing, had joined Miss Quereau as a full-time field visitor to participate in the surveys. The first list of 73 accredited schools was published in the summer of 1941.

The program was not launched without apprehension or reservations on the part of many in schools of nursing or related professional organizations. Some objected to the fee of \$250. Many believed that the accrediting program should be in the hands of a committee composed of representatives of the American Hospital Association, the American Medical Association, the American Nurses Association, and the National Organization for Public Health Nursing, with an outside educator included. In that case, other methods of financing might have been possible. Dr. Nathaniel Faxon, Director of the MGH, in his capacity as a consultant representing the AHA, stated the view of that organization at the NLNE's biennial convention in 1940. The NLNE, however, continued to be the responsible organization.

The published lists of accredited schools served several important purposes in addition to the primary one of raising professional standards. Prospective students and vocational guidance officers now had a useful tool. When a college evaluated the credentials of a graduate nurse who wished to continue her education, it was to her advantage if she came from an accredited school. Between 1939 and 1945, more than a hundred schools had received accreditation. While this is a small number compared with the 1944 total of 1,307 state-approved schools, it is necessary to recall the stresses under which the schools were operating with the consequent delays in applying for accreditation, and to realize the superhuman load carried by the small NLNE staff, which was responsible not only for the initial accrediting but also for return visits and counseling.

CHAPTER 19

Additions to the Faculty

THE School began the decade of the forties with accreditation by the NLNE, a new library, uncertainty about its future, many changes among the faculty, and a new name. After the School was surveyed for accreditation in 1939, the faculty discussed with Miss Johnson the desirability of changing the name from "Training School" to the "MGH School of Nursing," and the MGH Trustees voted their approval on October 18, 1940.

Miss Johnson and Miss Sleeper felt increasingly the need for the School to keep abreast of the burgeoning developments in nursing education, especially those in the many schools that were achieving sound college relationships. In her 1940 annual report to the Trustees, Miss Johnson emphasized again the need of an endowment for the School and recommended several improvements. One of these recommendations called for an assistant for Nursing Service who would work with Miss Johnson "in order that the School may have its share of her thought and time and thus eliminate a situation in which the needs of the nursing service must always take precedence over the needs of the School."¹ The task of replacing faculty was continuously more time-consuming as schools competed for well-prepared faculty, who were always in short supply.

Members of the faculty in hospital schools of nursing, except for a few key persons, usually remained for only short periods, partly because such incentives as good salaries and tenure did not exist. Many teachers in these years did not have even a baccalaureate degree so that they felt the need to continue their education, and interspersed periods of earning with terms of learning. This was the usual pattern at the MGH where, around 1940, many changes occurred. In one particularly important position, a new instructor was needed.

In 1939, when Martha Ruth Smith left the MGH, Muriel Evers Allison, a graduate of the Simmons College and the MGH program in the class of 1937, temporarily took her place as instructor of nursing arts. In 1940, in order to move with her husband to another city she, too, resigned. Because of the usual shortage of prepared teachers of the first course in nursing, Miss Johnson realized that filling Miss Smith's position was going to require a search. In May 1940, she was able to announce to the Ladies Advisory Committee that Sylvia Perkins (MGH 1928) had accepted the appointment of supervisor of instruction in nursing and instructor of nursing effective August 1940. Miss Johnson said that she was both pleased and surprised that Miss Perkins had decided to leave a faculty position in a college program to return to the MGH, and suggested that among the factors that may have influenced her decision were her love for Boston, her high regard for the MGH, and the prospect of developments in collegiate nursing between the MGH and a local university.

Miss Perkins' interest in teaching the sciences related to Nursing was developed while she was the student assistant in the MGH School's department of theoretical instruction, where, following graduation in 1928, she remained for the next three years. She received her B.S. degree and a diploma in teaching from Teachers College in 1932. Between 1931 and 1935 she served a year at MGH as head nurse on a medical ward (31, B6) and three school years as director of theoretical instruction and instructor of sciences in the Flushing (N.Y.) Hospital School of Nursing. In the fall of 1935, Miss Perkins was appointed instructor of ward management and ward teaching in the experimental program for graduate nurses conducted by the Morristown (N.J.) Memorial Hospital Postgraduate School, and later became the director of the school and of nursing service. The need to attain her master's degree and an interest in returning to undergraduate nursing education influenced her decision to leave Morristown and to return to Teachers College from which she received her M.A. degree in 1938. In the fall, she was appointed assistant professor of nursing on the faculty of the Russell Sage College School of Nursing in Troy, N.Y., where Adelaide A. Mayo (MGH 1917) was the dean. In this newly designed four-year

program, Miss Perkins was introduced to the joys and problems of conducting a school of nursing in an academic setting and providing the clinical experience for students in a hospital where the students were not the chief providers of nursing service. The Albany Medical College and the Albany Hospital cooperated in this program. This illuminating and profitable experience was interrupted in 1940 by her acceptance of Miss Johnson's offer of a position on the MGH School's faculty, where she remained until her retirement in 1966.

Early in the decade of the forties, Miss Johnson also made an appointment to a new position, assistant superintendent for Nursing Service. From the Hospital's point of view the primary responsibility of all superintendents of nurses, as well as the central function of the School, had always been the provision of nursing services. This attitude had continued even after the dual nature of Miss Johnson's responsibilities was recognized by the addition of "Principal of the Training School" to her title in 1925, and after the students' service load was somewhat lightened by the employment of ward helpers, ward secretaries, and graduate staff nurses. The nursing service activities in the General Hospital were administered from the Training School Office by means of the supervisors and head nurses, most of whom had responsibilities for the education of students, but there was no one person whose sole responsibility was the administration and development of the nursing service.

Among administrators of hospital nursing schools opinions differed regarding the wisdom of separating the direction of the nursing service from that of the school. After serious consideration, Miss Johnson concluded that the better policy for the MGH would be to leave them unified but to add an assistant for Nursing Service. While winning support for this plan from the Ladies Advisory Committee and from Dr. Faxon, Miss Johnson gave thought to the MGH graduates qualified for the post, and by the time the Trustees voted their approval in April 1941, she had made her selection: Edna S. Lepper (MGH 1926).

Miss Lepper had begun her graduate career at the MGH serving in 1926-1927 as assistant night supervisor to Ruth C. Sinclair (MGH 1925) and briefly as night supervisor. There followed two years as a head nurse at the Strong Memorial Hospital in Rochester, N.Y., where Clare

Dennison and Dr. Faxon were in charge, and a year as second assistant superintendent of nurses at the New York Skin and Cancer Hospital in Manhattan. The attractions of New England and her home in Massachusetts prompted her in 1930 to accept the interesting post of assistant superintendent of nurses at the Springfield Hospital. She returned to the MGH as a supervisor and instructor of surgical nursing (1936–1938). After receiving her B.S. degree from Teachers College in 1938, with a major in nursing school administration, she became superintendent of nurses and principal of the school of nursing at the Cooley Dickinson Hospital in Northampton, Mass., where Miriam Curtis (MGH 1918) was superintendent of the hospital. In each of these positions she was a popular associate, who enjoyed social occasions and informal outings and demonstrated marked abilities as a supervisor and administrator. She had acquired a sound understanding of the demands and the potentials of nursing service, and the problems of a hospital school of nursing. In September 1941 Miss Lepper took up the duties of assistant superintendent of nurses at the MGH, thereby also becoming a member of the faculty of the School of Nursing. The pressures and shortages compounded by World War II had already begun to be felt. At no time in Miss Johnson's superintendency had there been a greater need for an assistant for Nursing Service.

The MGH School continued to have some among its faculty who had stayed a relatively long time. In 1930 Marion Stevens (MGH 1923) had been appointed the supervisor of the Children's Department and instructor in pediatric nursing. A tall, attractive person with style and natural dignity, she had an air of authority that was tempered by a gentle friendliness. Miss Stevens had strengthened the nursing service and the educational program for the students. She was one of many who looked forward to a new setting in which to develop richer learning opportunities in pediatric nursing. The reasons for delay had come in part from outside the MGH.

In what was thought to be a short interval before the new Vincent-Burnham Building was to be ready, Miss Stevens was granted a leave of absence in 1939 to complete the requirements for her B.S. degree. In February 1941 while she was still studying at Teachers College, she was

told of the interruption in the building plans. It was then that Miss Stevens decided to wait no longer for developments at the MGH and to seek another position. This decision was understandable but doubly regrettable because war conditions were limiting choices for replacement among the few teachers with her background and experience. However, early in 1941, Miss Johnson was able to appoint Hazel Bowles, a graduate of the Yale University School of Nursing who had been instructor of pediatric nursing there and in charge of the pediatric division in the New Haven Hospital where the Yale students had their clinical experience. Miss Bowles was an effective though gentle, quiet person. Under the unusual pressures of wartime conditions, the demands of her position at the MGH placed too great a strain on her somewhat frail health. Because she found it necessary to resign in June 1942, the MGH faculty lost the opportunity to profit further from her contributions to the improvement of the curriculum, which she was so well prepared to make. Since many months elapsed before a full-time successor could be appointed, a substitute teacher was provided.

Numerous changes had taken place among the surgical supervisors in the five years before the White Building opened. Although it was an asset to have all 289 of the General Hospital's surgical patients together in the White Building, the supervision of nursing services and the teaching of students were demanding and complex challenges even before war conditions diminished both the medical and nursing staffs. Stephanie Convelski (MGH 1933) was appointed in 1936 to be supervisor of surgical wards and instructor in nursing of surgical diseases. Before accepting this position, she had had valuable experience as a staff nurse in the New York Hospital and as both assistant and night supervisor at the MGH. She joined the Army Nurse Corps in June 1942. During her five years of supervision and teaching, her responsibilities had increased, and she had become the senior surgical supervisor. Helen French (MGH 1928) was another of the surgical nursing supervisors and instructors and had been appointed in 1939 after having been a head nurse from 1932 to 1938 on wards where there were neurological and psychiatric patients. White 11 for neurological patients became one of her wards. Another surgical supervisor was needed who was prepared to teach

orthopedic nursing and provide supervision of White 5 AC and B. Marie Scherer Andrews (MGH 1936) joined the faculty in 1942, having been the instructor of nursing at the Massachusetts Eye and Ear Infirmary. It was soon evident that with increased numbers of students to teach under wartime conditions, a third supervisor must be found for the White Building wards. Adele Corkum (MGH 1934), from the time she graduated until 1940, had been one of the most valued head nurses. She then became assistant night supervisor (1940-1942) and was appointed in 1942 to be supervisor, surgical wards, and instructor in surgical nursing. In 1944 supervision of the central supply room was added to her duties.

In 1935 both the School and Nursing Service had been fortunate to have Cordelia King (MGH 1932) follow Edythe Angell in the position of supervisor in the Operating Room and instructor in operating-room technique. Mrs. King had had experience at MGH as a head nurse and supervisor of the Emergency Ward. During the difficult years preceding the opening and during the settling of the White Building operating rooms, Mrs. King had skillfully and sympathetically provided supervision and instruction. Her good sense and wholesome humor helped her to keep a clear perspective. She remained in this position until 1943 when she left to become associated with Miriam Curtis (MGH 1918) in the position of assistant superintendent of the Syracuse (N.Y.) Memorial Hospital. Julia Boghosian (MGH 1939), who had been both a head nurse and an assistant supervisor in the General's operating rooms, succeeded Mrs. King. Energetic and purposeful, Miss Boghosian dealt effectively with the hundreds of students who had their operating-room experience under her direction. In the operating rooms at the Baker Memorial, Mary M. Carr (MGH 1930) had been supervisor since 1936, and as more students were assigned to the Baker, she had increasing responsibilities for them.

There were also several changes among those holding the position of supervisor of medical wards and instructor in nursing in medical diseases. Four different appointments had been made between 1930 and 1940 before Hazel Walker (MGH 1924) returned. She had received her B.S. degree in 1940, and had held responsible positions in several Mas-

sachusetts schools of nursing. In 1942, she resigned and became the assistant superintendent of nurses at the Worcester Memorial Hospital. Grace P. Follett (MGH 1939), a particularly well-prepared teacher in the nursing arts group, was appointed in October 1943 to be instructor of medical nursing and supervisor of the Bulfinch Building wards B1, 2, 3, and 4. At the same time, Jessie Stewart (MGH 1935) was given a similar appointment and supervised B5, 6, and G. In 1943 Miss Stewart received her B.S. in Nursing Education from Boston University. Her first position following graduation from the MGH had been at the Massachusetts Eye and Ear Infirmary where she was successively an assistant head nurse, head nurse, and instructor in eye, ear, nose, and throat nursing. Attractive, tall and slim, Jessie Stewart was a bonny Scot with blue eyes, auburn hair, a regular profile, and an enviable complexion. Always carefully groomed whether in uniform or street clothes, she was a model for many a student to emulate. She enjoyed all outdoor activities and her prowess in ball games became well known. She combined to an unusual degree poise, friendly sympathy for the concerns of young people, and administrative and teaching ability. When, during the wartime exodus of staff nurses at the Baker Memorial, the number of students there increased from 22 to over 80, Miss Johnson created a position new to the MGH School, the clinical nursing instructor. Miss Stewart assumed this position at the Baker Memorial in December 1943.

Appointed to a second such position at the Baker was Hendrika A. E. Vanderschurr (MGH 1935). During her nine years as a head nurse on MGH wards, she had acquired a rich background for supervision and teaching. She became an assistant instructor in medical nursing and was associated with Miss Stewart and Miss Follett in the teaching of this subject both in the classroom and in the clinical setting. These clinical instructors at the Baker Memorial were the first at the MGH to be completely free of service responsibilities. Miss Stewart and Miss Vanderschurr with facility and grace demonstrated that the separation of supervisory and teaching functions could be beneficially and comfortably accomplished. Anna G. Griffin (MGH 1910) was assistant director of nursing service at the Baker, from 1938 to 1949. On her staff were day,

evening, and night supervisors who did not participate formally in the School's teaching program. Among them was Anna M. Crotty (MGH 1930), the senior supervisor, who had been appointed in 1937.

In 1944, in the General Hospital a supervisor of medical wards was appointed whose responsibilities included the formal teaching of students. Frances C. Grady, a graduate of the Carney Hospital School of Nursing (1931), had obtained her certificate in public health nursing from Simmons College in that same year. Her first position was at the Baker Memorial, where she became a staff nurse, then assistant head nurse, and head nurse. During this period she had demonstrated both nursing and administrative abilities. Miss Grady continued in her gentle, considerate way to contribute effectively to sustaining and improving nursing services and the nursing care of patients; her example afforded the students opportunities to view and practice the best possible nursing care during the time when shortages of personnel posed distressing problems.

The area supervised by Miss Grady included the seventeen-bed psychiatric division in B7-8, where it had been located in 1940. The first person appointed to the position of assistant supervisor and instructor of psychiatric nursing was Edith Patton, a graduate of Smith College (A.B. 1935) and the Frances Payne Bolton School of Nursing at Western Reserve (M.N. 1939). From 1940 to 1942 she worked effectively to provide sound educational content, both for her staff and for the MGH students assigned there in lieu of the affiliation at the McLean Hospital. Also during this time she taught the short course in psychology taken by all the MGH students. In 1942 she was succeeded by Catherine Binderup, a graduate of the University of Nebraska School of Nursing (1932), who in 1942 acquired her B.A. degree from Radcliffe College. After a postgraduate course in psychiatric nursing at Butler Hospital (Providence, R.I.), she had been head nurse and night supervisor in psychiatric hospitals. For another period of about two years, she was responsible for the supervision of B7-8 and instruction in psychiatric nursing. After 1946, Marie Rearick (MGH 1944) was first the head nurse and later the supervisor-instructor for B7-8 and the neurological wards.

There were many others in supervisory positions who contributed to the students' learning and effectiveness both in the General Hospital and in the Baker Memorial. Three who had a longer association than most were the night supervisors. Jane Hinckley (MGH 1932), a graduate of the Massachusetts College of Pharmacy (1926), had been a private duty nurse for four years before she became assistant night supervisor in the General Hospital in 1936 and night supervisor the following year. Helen Hewitt (MGH 1935), an MGH head nurse during the year 1935-1936, began her long association with Miss Hinckley in 1937 when she became assistant night supervisor. In 1942 she began serving with the Army Nurse Corps with the MGH unit, and returned to her former position in 1946, at the war's end. Ruth Poules, a graduate of the Henry Heywood Memorial Hospital School of Nursing (Gardner, Mass.) (1930), in 1934 joined the staff of the Baker Memorial as an assistant head nurse. After 1939 she was first evening and then assistant night supervisor there before becoming the night supervisor in 1942, a position she held for five years.

During the years of Miss Johnson's administration, students continued to provide much of the nursing care given during the evening and at night. Although some efforts had been made to provide them with better orientation to their responsibilities, there were no clinical instructors assigned from 7:00 P.M. until 7:00 A.M., which made it necessary for the evening and night supervisors to provide what guidance and instruction they could. No student night nurse forgot the experience. Contacts with the night supervisors varied from the inopportune to the most welcome.

The person in the central nursing office, still designated the second assistant superintendent of nurses, continued to assign the students to their various clinical experiences on day or night duty, to affiliations, and to special experiences. These assignments were worked out in conjunction with the trimester term plans for courses prepared by Miss Kempf and the recommendations of the head nurses concerning promotion of students. Nettie Fisher (MGH 1911), who had been the second assistant since 1937, left the MGH in 1943 to become superintendent of a New Hampshire hospital. Miss Fisher had dealt gracefully

with the demands and frustrations of this position. Students and head nurses respected her thoughtful attention to the assignments and her willingness to consider their requests. Faculty of all ages enjoyed Miss Fisher whether in professional or social contacts. Not in robust health for some time, Miss Fisher died in July 1945 after a long illness.

Helen Voigt (MGH 1933), who had replaced her at MGH, had been a head nurse and supervisor at the MGH before going to Teachers College, from which she received her B.S. degree in 1941. Following two years as assistant superintendent of nurses, in May 1943 she returned to the MGH at the time when the acceleration plan for the curriculum and the newly instituted United States Cadet Nurse Corps affected the rotation plan. There were 400 students in the School, all of whom would have some affiliations in addition to the one at Boston Lying-In Hospital. The School also received 50 affiliating students from McLean Hospital and other schools of nursing. With so few graduate nurses, there were 50 night duty posts to fill, each for four weeks. In her February 1944 graduation report, Miss Johnson declared that no one of the hard-pressed School officers had a more staggering responsibility than Miss Voigt. In April 1945, after two years of this relentless burden, it became necessary for Miss Voigt to take a leave of absence of indefinite length. During this time Miss Johnson turned temporarily to Barbara Williams, the executive assistant who had relieved Miss Voigt during vacations, and to Eva Hicks, who assisted part-time in the Nursing School Office. Miss Hicks, a graduate of the Faulkner Hospital School of Nursing (1931), succeeded Miss Voigt in 1946. Miss Johnson was fortunate in having available such a capable worker to carry on the duties of the position.

The teachers associated with the preclinical period were remembered distinctly by the students. Between 1939 and 1946, partly because of the war (Chapter 21), there were many changes among the nursing and the science instructors. One of the benefits to the School from its participation in the United States Cadet Nurse Corps was the employment of more instructors. Senior student assistants continued to gain a rich experience as they made their valued though brief contributions. From a preclinical teaching staff of four graduates in 1930, the number had

doubled by 1944. In nursing arts, the senior graduate assistant was Mary E. Gilmore (MGH 1940), who first as a student assistant and then as a graduate assistant had been associated with Mrs. Allison. There could have been no more fortunate choice than Mary Gilmore to help Sylvia Perkins become oriented to the many changes that she found in the teaching program and in the Hospital. Quiet and gentle, rich with humor and understanding, Miss Gilmore was a highly regarded teacher, whose competence and fairness impressed her associates. She adjusted tactfully to the sweeping of a new broom, and provided invaluable guidance about the policies and procedures that had developed in the years since Miss Perkins had been at MGH.

The other graduates, who assisted during these unforgettable years, worked cheerfully and diligently under the added pressures of extra numbers of students as well as a third class for several of the war years. The opportunities for gradual adjustment to exacting teaching duties in the classroom and on the wards were unknown to them, but their response to the responsibilities and demands was remarkable. It was still not the MGH way to freely express appreciation even for extraordinary efforts, but admiration and respect were felt for each one. The "team concept" had not yet been adopted in Nursing, but this group, whose activities were naturally unified, worked together and enjoyed together the difficult process of helping young women learn the fundamentals of nursing in the short span of four months. Among the young instructors who remained a relatively long time were Allene Day (MGH 1941), Lois Woodbury (Bridges) (MGH 1942), and Ingeborg Grosser (MGH 1943). These young women not only made a substantial contribution to the classroom teaching and the ward supervision of the preclinical students, but also gave excellent assistance in orienting the more temporary instructors to the general management of the "nursing arts department."

The other members of the preclinical faculty, who taught the basic sciences, still had their offices in the Walcott House and their laboratories remained nearly a city block away. In 1943, when the Hospital had no maids to house in the Domestic Building's fifth-floor dormitory and the School acquired government funds for participating in the

Cadet Nurse Corps, two classrooms were made in the fifth-floor dormitory space. The large lecture room seated a hundred, and the small nursing practice laboratory provided another much needed ten beds. An elevator was installed, which was taxed unmercifully in the ten-minute interval when one class replaced another. Students and teachers still had to be able to move briskly from one class to the next, which was rarely held in the same building.

Between 1939 and 1946 the "science department" had its share of faculty changes. Fortunately, Florence Kempf remained until 1945, but her administrative functions had increased so greatly in the early forties that the science teachers had almost complete responsibility for their part of the preclinical course. From 1939 to the end of 1942, Eleanor P. Bowen taught anatomy and physiology, chemistry, and community sanitation and hygiene. A graduate in 1922 of the Newton (Mass.) Hospital School of Nursing, Miss Bowen acquired a certificate in public health nursing from Teachers College and in 1937 her B.S. from Simmons College. She had had varied experience in schools of nursing as supervisor and instructor in pediatric nursing at both the Children's Hospital (Boston) and the Strong Memorial Hospital (Rochester, N.Y.). Miss Bowen forcefully and effectively helped the students gain substantial knowledge, and to appreciate the need to extend it continually as they progressed. In her vigorous and enthusiastic way she contributed generously to the educational program so that both students and faculty benefited from their association with her. At the end of 1942 she left the MGH to become supervisor of schools of nursing with the Massachusetts Approving Authority.

Three new science instructors were appointed in 1943; the first was Rita Kelleher, who became the instructor of anatomy and physiology. A graduate in 1929 of the Faulkner Hospital School of Nursing in Boston, who received her B.S. from Teachers College in 1938, she had been educational director at the Quincy Hospital School of Nursing after a period of teaching sciences at the Clinton Hospital School of Nursing. A good teacher, a thoroughly likeable person with a delightful irreverence for what she viewed as stuffy traditionalism, Miss Kelleher brought a refreshing perspective to the MGH faculty as well as competent teach-

ing and leadership abilities. While she was on the faculty, the number of students in the School reached a peak of 492. The burden of teaching anatomy and physiology to three classes a year was as demanding as the load carried earlier by instructors who had taught several subjects. Associated with her to teach chemistry was Tabitha W. Rossetter. Mrs. Rossetter, who had received the A.B. from Mount Holyoke College in 1930, and the B.N. from the Yale University School of Nursing in 1933, had been both clinical instructor and a teacher of sciences in nursing schools. Lucy A. Tsarides, a graduate of the Margaret Pillsbury Hospital School of Nursing (Concord, N.H.) in 1938, had been both assistant night supervisor and nursing arts instructor in her own school before she came to the MGH from Boston University, where she had just completed the requirements for her B.S. in Education. While Miss Kempf remained in her position of supervisor of sciences, Miss Tsarides taught science courses. Between the time Miss Kempf left and Helen Sherwin was appointed in 1945, Miss Tsarides had carried the responsibility for the planning and scheduling of courses, and she continued to do some of this work while she remained at the MGH.

During these onerous years when every school of nursing needed to replace or acquire extra science instructors, the MGH changed its practice of employing only graduate nurses. The assumption had been that because all of the courses were applied to nursing, only a nurse would have the clinical experience to guide her in selecting essentials and appropriate illustrations from nursing practice. Rarely did the nurse instructor have a preparation for teaching a science that was derived from the solid background expected of a college graduate who had majored in the field. During the time when extra sections were admitted each summer, it became increasingly difficult to appoint nurse instructors and so began the use of those who were not nurses. Among the first of these was Miss Kelleher's successor Dorothy F. Johnson, who had both her B.A. (1929) and M.A. (1931) degrees from Wellesley College. She had also studied at universities during five summer sessions while she was instructor of zoology, biology, or anatomy and physiology, first at Lasell Junior College and then at Northfield School for Girls. In the two years before coming to the MGH in 1944, she had been head of the

science department at Milwaukee-Downer Seminary. Her long association with young people, her mastery of anatomy and physiology, and her broad and diverse personal interests were of great value to her associates on the faculty as well as to the students. In the two years that she remained at the MGH, she demonstrated irrefutably how much the School had gained. For a person like Miss Johnson, who enjoyed the rich cultural life of a college campus and the opportunity to accomplish more professionally than the repetitive teaching of a 100-hour course two or three times a year, a return to the kind of school that she had known earlier was inevitable. In 1946 she joined the faculty of the Briarcliff Junior College, where she remained until she retired.

To assist with the teaching of chemistry and pharmacology, Helen C. Belcher, A.B., Mount Holyoke College, 1942 (MGH 1944), joined the MGH faculty soon after she graduated. She had been one of a group of young women with two or more years of college education who attended a summer session at Simmons College for the preclinical sciences, before entering a school of nursing. Like many of her counterparts at Bryn Mawr College and those who studied earlier at the Vassar Training Camp, Helen Belcher later made unusually valuable contributions to Nursing through her vital interest in nursing education. When a new instructor for microbiology and pathology was needed in 1945, Hilda Batchelder was appointed. A graduate (B.S.) of the University of New Hampshire, she prepared for nursing at the Frances Payne Bolton School of Nursing at Western Reserve University, where she received the M.N. degree in 1942. Her graduate experience included staff nursing at the Baker Memorial and two years of teaching the sciences at the Beverly (Mass.) Hospital School of Nursing.

The instructors for the courses in nutrition and diet therapy continued to be members of the staff of the Dietary Department. Often they taught for only a year or two, either because their responsibilities changed or they took positions elsewhere after having gained the valuable experience that the MGH afforded, but there were three dietitians who taught for several years. Dorothy Duckles, M.S., in 1936 took charge of the North End Diet Kitchen in the OPD, and at that time began teaching social dietetics (Nutrition III), a course concerned with the ways in

which families could maintain their food customs, keep their food budget balanced, and adjust to a therapeutic diet for a family member, and at the same time improve the nutrition of all. Some students continued to have experience in the North End Diet Kitchen, later renamed the North End Nutrition Clinic, but for most of them it was the classes that helped to focus on problems the patients experienced at home. In 1938 Elma Seibert, M.S., joined the Dietary Department in the position of ward and teaching dietitian, and began her forceful and vivid teaching both in the classroom and on the wards. Her detailed knowledge of the patients and their circumstances was a great asset, when she made use of the case method of presentation. In 1943 Margaret Berry, B.S., began her valuable association with the School of Nursing. Because of the great increase in numbers of students, she taught all the nutrition courses and worked closely with the faculty and students to develop the nutrition content throughout the curriculum. Miss Berry was an ideal choice for this more extensive role in the School's program. Quietly and smoothly she found her place among the faculty and students and with gentle humor interpreted some of the disparate views held by the Nursing and Dietary Departments. Important benefits were derived from working with the same teacher for several years, because sounder instruction and better use of the students' time during practical instruction in nutrition were achieved.

Miss Johnson had endeavored in every way open to her to provide the students with opportunities for recreation and social life. Ever since 1927 the physical-social director had played a very important part in the program (Chapter 15). Olive Roberts, who in 1933 succeeded Mary C. Murray, had contacts with nearly a thousand students and many members of the faculty during her ten-year stay. A graduate of the Sargent School of Physical Education (1924), she had been director of physical education in two urban school systems before studying for her B.S. degree (1931) at Boston University. After a year as physical-social director at the Methodist Episcopal Hospital School of Nursing in Brooklyn, N.Y., she was happy to renew her associations with Boston.

Miss Roberts was a quiet, poised woman who readily found her place

among the students and faculty. The Ladies Advisory Committee, to whom she described her activities regularly at their meetings with Miss Johnson, followed her work with approval and interest. Her accounts to them provide a record of a fraction of the hundreds of parties, picnics, dances, club meetings, sports events, and conferences in which she participated in some way. She had to achieve a balance between being suitably helpful and overly directive. This was often difficult because the students were fatigued by their clinical assignments and class programs. Unlike students in other types of schools, in which plans to meet with a group could be made with relative certainty, unpredictable changes were apt to upset plans in schools of nursing. Students who had spent eight or more hours providing care for patients were understandably glad to be able to have someone make arrangements for them. However, there were always a number of students, undaunted by work or study, who were ready to take charge of their own recreation with minimal assistance. Miss Roberts maintained a friendly, informal but dignified relationship with the students and gained their trust so that they were not concerned lest their confidences be relayed to those in authority. Through her participation in teaching and other associations with the faculty, she shared in their concerns and hopes for the students' development and enjoyment during their three years in the School. Miss Roberts had free time in which to seek a new place for the students to play basketball, to purchase supplies, to make arrangements with various hospital departments, and generally facilitate plans initiated by the students or to help with School functions. Her work was more difficult because the School still had no gymnasium or areas in which students could entertain, and had to use the Walcott House living room for parties or the Moseley Rotunda for such occasions as the Christmas Candlelight Service and graduation. Certainly her days were varied and though satisfaction came in small portions, she received much genuine appreciation. If her faithful efforts came to be too much taken for granted, the gap that was left in the interval before her successor was appointed provided time to appreciate her many contributions.

After Miss Roberts left the MGH in June 1943, it had not been possible to replace her for some months. There was more need than ever

to sustain the extracurricular activities, since the students' personal life was often upset both by the effects of the war on their families and friends and by the accelerated School program and the additional Hospital pressures. Under incredible pressures herself in Hospital and national war-associated functions, Ruth Sleeper found some extra hours to participate in student activities, and other members of the faculty helped in various ways. Adele Corkum, who became faculty advisor to the Student Council, took a particularly active part, which she continued after a part-time physical-social director was appointed. Miss Corkum had keen insight into the needs of the students and remained a great favorite during all of the years that she was associated with them in teaching and administrative positions.

A review of the students' annual activities during these years reveals that nearly every month held some special event. With the introduction of a five-dollar student activity fee about 1935, a better financial base had been provided. The students continued to earn money for many of their class projects, such as the yearbook, by having an informal dance in the Walcott House or by some other means. As long as a February class was admitted, February was the month in which many School functions were concentrated. Excited clamor accompanied the distribution of the senior yearbook, "Checks." With the formal senior ball, frequently held at a Boston hotel, graduation week began. On the following Sunday, the faculty and the seniors attended the Baccalaureate Service at St. Paul's Cathedral or Trinity Church. The seniors wore their "dress checks" with long sleeves and wide stiff cuffs, and the black band of the MGH graduate on their caps. In 1944, 45 of the 93 seniors were the first to add to their uniforms the insignia of the United States Cadet Nurse Corps. The evening before graduation this same class held a festive banquet at the Fox and Hound Club opposite the Public Garden. Miss Johnson, Miss Sleeper, Miss Kempf, and Miss Perkins were their guests. At her amusing best, Miss Johnson spoke informally, and Miss Perkins responded to requests for reminiscences about their probie days and some of the glaring classroom blunders which could now be shared merrily. The Ladies Visiting Committee and the Ladies Advisory Committee provided the traditional tea for the

seniors, their parents, and friends in the afternoon preceding the graduation exercises. The climax to the happy week came when the seniors marched into the Moseley Rotunda, where their guests had gathered. After the guest speaker's address came Miss Johnson's inimitable report, and then each student received her diploma.

While this week of celebrations was in progress, a new February class had entered. Two nights after graduation, the traditional Big Sister-Little Sister party was held with its games, songs, and skits in which the pre-entrance interview and such initial experiences as the demonstration of a nursing procedure were broadly depicted. Miss Johnson, Miss Sleeper, and the preclinical faculty enjoyed these performances as well as the Virginia reels and the generous ice-cream cones.

Valentine's Day was celebrated in the Walcott House living room by a dance, which was well attended by medical students from Harvard and Tufts and MGH house officers (interns). Informal dances were held about once a month and servicemen from abroad were sometimes entertained. After a vacation interval, September brought another new class. In 1944, the Class of 1945 staged the senior class play, *Here She Comes*, at the nearby Peabody Playhouse. The first class to attempt a production outside of the Hospital, they were properly acclaimed for their success. At Halloween, strangely costumed figures converged on the Walcott House for a lively party enjoyed by members of all the classes. An open house was held Thanksgiving evening for students and their guests. No sooner was the annual Christmas Candlelight Service over than it was time for the Christmas formal dance, New Year's celebrations, and soon another graduation.

With the help of Miss Edith Stedman, the director of the Radcliffe College Appointment Bureau and a member of the Ladies Advisory Committee, in January 1944 Miss Johnson was able to appoint a new physical-social director, Marianne Teuber. Because of family and household responsibilities and her own studies, Mrs. Teuber was unable to be at the MGH for more than thirty-five hours a week. Her youth, energy, and charm soon attracted the students, who were eager to learn about her home in Cambridge where she lived with her husband and two-

year-old son. She had grown up and been educated in Switzerland. After she graduated from a school of physical education there, her interest led her to the University of Basel, from which she received her first degree. After receiving her M.A. from Vassar College, she had come to Radcliffe College, where she was studying for her Ph.D. With her own college experiences to draw upon, she was particularly well attuned to the kind of activities the students would enjoy and to their tensions and frustrations. She was concerned about the intensity and duration of the demands made upon them, and the consequent threat to sustained morale. Mrs. Teuber worked effectively with the students in a variety of ways. She helped them revise the 1941 constitution of the Student Nurses' Co-operative Association (SNCA) so that new School rules could be established. Her interest fostered the publication of a small School paper, *The Drawsheet*, which for years to come alternately faltered and was revived. Folk dancing was reinstituted and the students staged a most successful fashion show. The provision of holiday gift baskets for poor families known to the Social Service Department became a custom. In a variety of ways, Mrs. Teuber helped the students gain perspective on their educational and personal opportunities. To the regret of all, she was unable to continue in this position after February 1945.

For a decade or more, nurse educators had been weighing the merits of adding to the faculty a counselor for students, one with sound preparation in guidance, or employing such a person in place of the physical-social director if funds were insufficient to have both. Miss Johnson discussed the relative values with the Ladies Advisory Committee with the result that she began the search for a counselor that continued through 1945 and 1946. (When Miss Sleeper became Director, some years later, a counselor did replace the physical-social director; see Chapter 27.)

Miss Johnson, Miss Sleeper, and others among the faculty supported the students in their efforts to sustain a viable student government and to liberalize the School's regulations to the extent that seemed feasible. The calendar of activities and social events in the forties would have amazed graduates of the years when there was no physical-social director on the

faculty and when such extensive plans would have been prevented by twelve-hour day or night duty. Some of the contents of the 1941 *Student Handbook*, however, might have had a familiar ring even if the rules, regulations, and privileges had been considerably liberalized. A new MGH or affiliating student found in the *Handbook* most of the rules to guide her, from the morning's six o'clock rising bell through the day until the ten o'clock evening bell announced that each student should be quiet in her own room. The special rules that applied to the preclinical students were made known through other channels. It was cheering for all to learn that tea was served informally every weekday afternoon in the Thayer and Walcott houses. Uniform regulations specified that if one wore a long coat buttoned over the uniform dress (sans bib, sans apron, sans cap), one might go to the shoe repair shop or laundry on the south side of Cambridge Street, to Minichiello's store on the opposite side, or to early morning services at the nearby St. Joseph's Church. It had become permissible to wear street clothes to the dining room and to classes. Class attendance was compulsory unless the Principal gave permission for absence, and if a student slept through a class, she must report the fact in person to the Principal within twenty-four hours. Miss Johnson had only a modest number of callers, as a rule.

Other general information included a warning that the pipes would bang if one did not turn both radiator valves all the way on or off; electric clocks would not run on the Hospital's direct current. Radios were not allowed in students' rooms; adhesive tape and thumb tacks were not to be used on the walls; hospital blankets might not be taken to the roof; room furniture might not be moved without permission from the matron. A lamp owned by a student might be used after a check by the electrician; the installation of curtain rods by the carpenter must be requested from the matron of the dormitory; beds should be left open in the morning and belongings put away in order to facilitate the work of the dormitory maids. The regulations pertaining to smoking were determined by the degree to which each dormitory was fire-proof and by certain convictions such as, "A nurse never smokes in uniform."² Smoking rooms, locked between 10 P.M. and 7 A.M., were provided in the Thayer and Charles Street houses; smoking was allowed in

the bedrooms of Walcott House. Space in which to entertain male guests in the dormitories was limited to a small reception room near the entrance at 92 Charles Street; Thayer House residents were obliged to use the Walcott House reception rooms. In 1941, a student might take a female guest to her room. These rules, while emanating from the School's administration, had been discussed and explained in meetings of the students' organization.

Specified in the *Handbook* was the constitution, which pertained to the SNCA, the Student Council, the Dormitory Board, and the first-, second-, and third-year classes. All MGH students and the women affiliating students belonged to the SNCA (the McLean men students did not belong to it). Its purposes were to foster communication and understanding between students and faculty, and to stimulate personal and social responsibility among its members. The School's Principal was an ex officio member, with power of veto. Mass meetings were held at least twice a year, always in conjunction with the entrance of a new class.

The Student Council carried on the business of the Association between mass meetings and appointed the members of the standing committees for finance, program, and social services. Among the Council's members were the elected officers of the SNCA, the president and another representative of each class, one appointed representative from each dormitory, and three members of the faculty; usually the physical-social director was one of these members. With its budget and program prepared annually, the organization was instrumental in enhancing the School's program. The Dormitory Board served to stimulate activities among the students in the various dormitories and to enforce the School regulations. To discharge the latter responsibility, each dormitory had a head proctor, an assistant, and a proctor for each floor. The board also included the faculty representative in charge of the dormitories, and the matrons of the student residences, ex officio. (The term "matron" was still in use.)

The regulations and the system of late permissions were developed in detail. After ten o'clock at night each student was expected to be quiet in her own room, on duty, or using some variety of permission if she

were away from the dormitory. Each month all students were allowed four late passes, which entitled them to be out until 11:40 P.M. Seniors also had one midnight pass each month, while other students were limited to four "midnights" during the year. Extra permissions might be sought from Miss Johnson or another designated person. Any student who returned between 11:41 P.M. and midnight had to report in writing within twenty-four hours to the head proctor. (The Carter's Ink clock across the Charles River remained an unreliable timepiece, but it was missed when the blackout of war years removed it from the night horizon.) For anyone, with or without permission, to return after midnight involved additional procedures because in each dormitory the entrances were locked very shortly after midnight, when the evening matron went home. The student must go to the White Building Information Desk where she signed in on the slip provided. She was escorted to her dormitory by a night supervisor who unlocked and relocked the door. If she had not planned to use a midnight permission, she must explain the reason for her tardiness to Miss Johnson at 8:30 the next morning. A system of signing in and out of the dormitory applied whenever a student left the Hospital grounds. Because the School had assumed the obligation, *in loco parentis*, for knowing the students' whereabouts and because there might be cause to ask about some Hospital or School matter, students were to record in the dormitory office their destination and the time of leaving and returning. This plan was also helpful to dormitory personnel responsible for taking telephone calls or receiving guests. Babel resulted in the office when a group about to depart signed out. When they returned, the cry of "Did you sign in?" might bring the ascending elevator to an abrupt return so that the forgetful ones could comply with this rule.

There were other rules for overnight permissions; some were for preclinical students, others for the capped students who had successfully completed the preclinical term. To use such a permission at any time students must have off-duty hours the following morning so that they would not have to be on duty at seven o'clock. Capped students might take two "overnights" each month; all students were entitled to one in conjunction with each legal holiday observed by the Hospital. If, un-

expectedly, a student wished to stay away overnight, she must telephone to the night supervisor. The potential for latitude in these rules was not lost on the students, most of whom abided by them conscientiously. Known infractions were dealt with by the Dormitory Board.

In all of its ramifications the SNCA officers and members contributed significantly to making the School a better and happier place for everyone. The avenues for student and faculty cooperation and the implementation of democratic processes minimized the old-time authoritarian direction. When the MGH students compared their mode of governance and ways of living with those of students in other schools of nursing, they discovered that the MGH School was a leader in providing its students with opportunities to utilize their talents and abilities.

CHAPTER 20

New Uses for Old Spaces

ONE of the perennial problems at the MGH was space. In 1940, there were 852 beds, of which 466 were in the General Hospital; the number of employees had grown to more than 1,500, and the House medical and surgical staffs (before World War II depleted their ranks) totaled nearly 90. These increases reflected new needs in the care of patients, who on the average were older than in earlier decades; they were often suffering from illnesses whose complexities were newly understood, and had been drawn to the MGH because it offered methods of diagnosis and treatment that were not available in community hospitals. Each new development at the Hospital of course had its effect on the Nursing Service and on the School.

After the Baker Memorial had opened in 1930, MGH administrators had expected to begin improving the clinical and service facilities at the General Hospital, but the Depression had halted further growth for some time. Towards the end of the decade, however, an upsurge began. A number of changes took place, one of the most important being the construction of the White Building.

In 1930 a bequest to the MGH from Mrs. Harriet J. Bradbury had provided funds to erect a building in memory of her brother, George Robert White. It was decided that this memorial building would be designed for the care of all surgical patients at the General Hospital. The facilities for this purpose had been improved at intervals over the years. After the old Surgical Building erected in 1867 was declared completely inadequate for modern surgery, the next Surgical Building with its Henry Jacob Bigelow Operating Theater and other operating and service rooms had been built in 1901. Thereafter this was the scene of the students' "OR nursing" experience. Some had the experience of being a

student anesthetist for some months. The unluckiest was assigned to the hot, steamy sterilizing room, where one student prepared all the sterile supplies used in the General Hospital.

For several decades the surgical patients had had to undergo a pre-operative journey through the cold, drafty corridors from the Bulfinch to the operating room, and, after the operation, they were transported first to a single room in the "lower wards" opposite the Surgical Building (there were no recovery rooms) and after some time, to free this space for another patient, back to the Bulfinch. Four "upper" wards in the west section were utilized for surgical patients who were newly admitted, who did not require an operation, or who were convalescing. The logistics of maintaining this flow of patients, somehow handled by the admitting officers, might well have confounded today's computer. For each head nurse and her staff, it was a daily exercise in chaos. Not infrequently supervisors were called upon to locate missing personal belongings or medical records and orders. General Hospital patients frequently made yet another trip through the chilly corridors to the X-ray Department, located in the old Accident Ward.

Planning for the White Building began in 1936. The School, which had long felt the need for a building of its own, hoped at first that it might inherit the 1901 Surgical Building, and the Ladies Advisory Committee approached the Trustees with this request, but learned that the old building, along with others in the area, was to be razed. As planning advanced, Dr. Faxon sought the views of doctors, nurses, dietitians, and others who were to work in the new facility so that the architects and builders could incorporate their suggestions. Miss Sleeper thus began her long course in blueprint reading, which ultimately gave her nearly an architect's ability to understand layouts and to detect flaws in plans that no one else had spotted. She and Miss Johnson and members of the surgical nursing staff spent many hours trying to work out the best possible arrangement of service areas and units for patient care. The patients' bedside tables were specially designed for storage of much personal equipment and were mounted on wheels. Since the large wards were to accommodate forty patients, the location of the head nurse's station, the medicine closet, and the utility rooms was of utmost impor-

tance. Compared with the cramped utility rooms then existing, the spaciousness and arrangement of the new ones were a joy to contemplate. The plans called for broad work surfaces of stainless steel, ample drawer space for storage of equipment, and uniform arrangement of items on each floor for maximum efficiency. In place of linen closets, there would be storage rooms large enough to hold the big, portable linen racks.

To make way for the White Building, many of the old buildings between the Phillips House and the Bulfinch Building had to be torn down. A temporary operating room was erected for General Hospital patients. On March 1, 1937, began the moving of patients, the rearranging of services, the demolition of old structures, the sinking of caissons and pile-driving. The last pile was driven on December 31. The White Building was completed in less than two years, and was dedicated on the ninety-third anniversary of Ether Day, October 16, 1939. Occupation began at once, though the building was not entirely completed until January 22, 1940.

For a returning alumna who had been away from Boston during the period of its construction, the White Building was an almost unbelievable sight. Thirteen stories high, a structure worthy of a great hospital, it stood squarely at the end of North Grove Street between the Out-Patient Department and the Moseley Building. The main entrance led to a spacious, dignified lobby with a long view down the north-south corridor to the old Brick Corridor beyond. To the left, beyond the information center, were the new Emergency Ward and the adjacent Overnight Ward. Part way down the main corridor were the offices of the Hospital's Director, the Superintendent of Nurses, and their assistants and secretaries. How changed was the "TSO"! Opposite were four elevators that made the trip to the twelfth floor in record time compared with the other ancient models around the Hospital.

The twelfth floor of the White Building was reserved for the care of patients with infections and certain communicable diseases. It was planned to make possible a scrupulous adherence to the practices of medical aseptic technique. Some students in the School obtained valuable experience there that was not afforded elsewhere at the MGH. On

other floors space was allotted to patients of such subdepartments of surgery as neurosurgery (White 11), urology (White 10), and orthopedics (White 5). For some years before the Vincent-Burnham Building was constructed, gynecological patients were cared for in the west wings of White 7 and 8.

All located above the fourth floor, the large wards for general and special surgical patients were divided by a central north-south corridor. At the north end were the elevators and some offices. Midway were the east and west wings, each providing spacious room for sixteen patients, arranged in four-bed sections. Adjacent on each side were the service rooms and in the center the head nurse's station. Along the south corridor were single rooms for the sickest patients; ward patients could thus be cared for in either type of accommodation without being moved to another floor. Solaria, on all but the north side of the building, for many years served their original purpose of permitting patients to enjoy the sunshine and views, to alleviate the boredom of a hospital stay by conversing or playing cards with fellow patients, to receive visitors without disturbing a neighbor, or to talk informally with the staff.

The fourth floor provided offices and laboratories for the surgeons. It was here that the work of the Anesthesia Laboratory, founded in 1936, was carried on under the direction of Dr. Henry K. Beecher, who in 1941 was appointed Henry Isaiah Dorr Professor of Research in Anesthesia at the Harvard Medical School and at the MGH. The complexity of anesthetic procedures, the greater average age of the patients, and the nature of the surgery performed posed substantial problems and, among other things, put an end to the use of student nurses as anesthetists. Graduate nurses were now employed and the Anesthesiology Service conducted a course in anesthesia for registered nurses.

Of all the changes, the central supply room, located on White 3A, was perhaps the most startling sight, with its space for the preparation, processing, and sterilizing of dry and rubber goods, solutions, and a variety of instruments. An amazing innovation was the request and delivery system connecting the White wards with the CSR. The head nurse now could place a requisition in a wall tube, which delivered it to

CSR, and the filled order went back to the floor on a kind of dumb-waiter; no one had to leave the floor. Students continued to be assigned to the CSR for some time, though after a few days, the educational value of the experience was doubtful. The CSR provided the sterile supplies and equipment for the operating rooms located on the floor below.

The third floor, devoted to the operating, anesthesia, and scrub rooms, was off limits to all except those immediately concerned with surgery or anesthesia, who were required to wear special clothing. From White 3A, observers entered glass-enclosed viewing rooms with two-way communication systems. No longer were observers in the same room where the operation was being performed. Now students in medical, nursing, or other programs gathered, often with instructors, to watch the procedures closely in an atmosphere relatively free of tension and fear. Also on White 3A was a large lecture room, the Bigelow amphitheater, for teaching purposes. Of all the innovations in W3 and W3A, the most welcome was probably the air conditioning, a comfort not only to the patients, whose fluid balance could more easily be maintained, but to the staff—a summer assignment to the OR was now eagerly accepted by most student nurses.

The X-ray Department of the General Hospital moved from cramped and antiquated quarters in the old structure adjacent to the Bigelow Operating Building into the second floor of the White Building. Here was generous space for its diagnostic area and therapy section. The X-ray Department had joined with the physics department of the Massachusetts Institute of Technology in the design of a new model high-voltage energy machine, built by MIT and installed in a lead-shielded room in the White Building; the MGH had undertaken to appraise its use in the treatment of cancer. In 1941 Dr. Aubrey O. Hampton succeeded Dr. George W. Holmes as head of the X-ray Department, which under Dr. Holmes' direction had grown from a small unit to one that came to serve the General Hospital, the Phillips House, and the Baker Memorial, each of which had its own X-ray facilities. Space on the second floor adjacent to the X-ray therapy section was also provided for the Tumor Clinic, which in 1925 had been the first to be

founded in a general hospital—a direct outgrowth of the X-ray Department. Actually for out-patients, the Tumor Clinic engaged in consultation and follow-up rather than therapy; Dr. Ernest M. Daland was for many years its head.

Probably no department benefited more from its move than the Dietary Department, located in its new home on the ground floor of the White Building. There was great rejoicing when the dismal dining rooms in the Domestic Building were abandoned, and the spacious quarters with large windows that provided sunlight and views of the grounds were ready for use. Under the direction of Marion D. Floyd, Chief Dietitian since 1930, the department had developed into a strong organization with responsibility for the purchasing, preparing, and serving of food to patients and personnel in all divisions of the Hospital. The use of pay cafeterias had started in 1934, when the first one was set up in the Phillips House basement for use by staff and visitors. This was moved in 1939 to the White Building, where it was designated the East Cafeteria. When the Hospital eliminated maintenance as a part of compensation, pay cafeterias were opened for employees (1942) and for nurses (1944). One much appreciated benefit was having a choice of foods from which to select. Under the new system, when a nurse employed at the Hospital chose to have a meal outside, she was not, in effect, paying for it twice. Since maintenance was still provided for student nurses, they were given tickets to use in lieu of cash. From a single room in the Bulfinch Building, where in 1821 all the food was prepared for patients and employees, there had developed under the direction of professionally trained dietitians a very large complex occupying about half of the White Building basement and all of the basement of the Baker Memorial. Food was transported to the patients from these kitchens in electrically heated trucks.

The opening of the White Building was followed by extensive changes in the Bulfinch Building. After the surgical patients were moved out and the children's medical service wards 10 and 12 were relocated in Ward E (on the site of the later Warren Building), the Bulfinch second floor was given over to the medical wards, now more rationally numbered. Wards B1 and B2 (previously West Surgical wards

27 and 28) were in the west end of the building, a medical staff room and classroom occupied the center, where Ward 12 had been, and wards B5 and B6 (formerly 16 and 31) were located in the east end. On the third floor west, wards 23 and 29 were converted into B3, where the sickest medical patients were placed. On the east end of the third floor, wards B7 and B8 (formerly 30 and 7) provided accommodations for the eighteen patients of the General Hospital's Psychiatric Service, previously located in the Baker Memorial. Children's Ward 12 was remodeled to provide offices and laboratories for this service, which after 1941 included some patients of the affiliated Hall-Mercer Hospital. One of the earliest such services to be established in a general hospital, under the direction of Dr. Stanley Cobb, Chief of the Psychiatric Service, it had pioneered both in demonstrating the feasibility of caring for selected psychiatric patients in such a setting and in carrying on research in the field. In addition, the helpfulness of the psychiatrists in dealing with other Hospital patients did much to expand the insights of both doctors and nurses. The School of Nursing continued to assign to B7-8 students who did not affiliate at the McLean Hospital. The small size of the ward, the attitudes of the staff, and the helpfulness of the supervisor and head nurse, well prepared for their posts, did much to ease the tensions of such assignments. Graduates of the School of Nursing in the days before the White Building found these changes astonishing, and the new numbering of the Bulfinch wards remained baffling for some time.

Other interesting changes could be observed in the Domestic Building. On the third floor where the Hospital kitchens had been, space was provided in 1942 for the laboratories of the recently affiliated Collis P. Huntington Memorial Hospital, whose cancer patients were cared for mainly in the White Building or their progress followed in the Tumor Clinic. Dr. Joseph C. Aub directed the newly named John Collins Warren Research Laboratory. The second floor of the Domestic Building was now the location of the re-established (1939) Physiotherapy Department, directed by Dr. Arthur L. Watkins, and the adjacent Occupational Therapy Department. In 1944 these departments were combined to form the Department of Physical Medicine.

The White Building had transformed the appearance of the central part of the Hospital. Of the old separate, pavilion-type wards, only E, G, and I remained, and Ward I had been converted into a convalescent ward for orthopedic and other patients who benefited from being at the Hospital where they could obtain physiotherapy or other care. Between the Pharmacy, which remained on the first floor of the Domestic Building, and the Baker Memorial another small building was constructed, a chapel for the Hospital.

While the White Building was under construction, the Right Reverend William Lawrence in a meeting with the MGH Trustees had noted that amid the growing Hospital there was no place where any person “could withdraw with his hopes, his fears, his sorrows or his impulse for thanksgiving, and where, in silence and solitude, his spirit could gain consolation and strength.”¹ Bishop Lawrence had had a long association with the Hospital. Nearly four decades had passed since he had delivered the address at the first formal graduation exercises of the Training School. Over these years, in its preoccupation with research and healing, the medical profession had tended to overlook some other needs of individuals. Now in his ninetieth year, Bishop Lawrence not only proposed the building of a chapel, but volunteered to raise the necessary funds. About 800 different individuals responded to his appeal, contributing more than fifty thousand dollars. The Chapel, opened the first week in April, was dedicated on April 26, 1941.

A graduate of the School, returning for a visit to the MGH that spring, might have described the experience something like this:

You go along the new corridor leading from the White Building lobby to the Brick Corridor, and turn left on your way to the Baker Memorial. A sound new to the MGH reaches you; the organ in the new Chapel is being played. In a moment you come to its open doors. The subdued light, the simplicity of the architecture, the fresh flowers on the altar give a feeling of peace, in sharp contrast to the constant rush of people along the corridor.

You respond to the impulse to enter. Another visitor is sitting off to one side. Your own reason for being at the Hospital today had seemed to overwhelm you, but now as you gaze at the rose window and sense the Chapel’s purpose, you begin to feel better able to continue on your way because you

have responded to the Chapel's welcome: "Whoever will may enter here, of any creed or no creed."

Through more than thirty years, it has proven to be an oasis, whether undecorated and quiet, or resplendent at times like Christmas when flowers are banked at the altar and various groups provide music. It is "a place of spiritual refreshment, beautiful, intimate, restful."²

Changes at the Moseley Building consisted largely of putting new occupants in vacated offices and finding new uses for other spaces. The accounting room was converted into the Palmer-Davis Library. The Ladies Visiting Committee transformed the cashier's cage into "the General Store," directed first by Mrs. R. K. Grouch and after 1942 by Mrs. Alice C. Burnell. There visitors, ambulatory patients, and everyone employed by the Hospital enjoyed the convenience of being able to buy books, magazines, candy, gifts, and many small items for personal use. Eventually volunteers with a "store-cart" visited all parts of the Hospital.

Volunteers, whether as individuals or as members of prestigious committees, had made significant contributions to the MGH for almost a century. When their numbers reached 401 in 1941, Mrs. David Worcester, who had been the full-time paid head of volunteers in the OPD, was appointed to be Chief of Volunteers for both the MGH and the Massachusetts Eye and Ear Infirmary, and was given one of the old Training School offices in Moseley. Next door a Personnel Department was organized under the direction of Mrs. Lois D. McCoy. The number of paid employees had increased until in 1941 the MGH payrolls carried about 1,500. Each department head spent many hours in interviewing applicants, some of whom sought work in more than one department at a time. The Personnel Department centralized and coordinated the hiring process in one office.

Another new service, the Blood Bank, was given some space in the basement of the Moseley Building. The use of intravenous therapy had increased so much that in 1940 the Hospital had employed a full-time graduate "intravenous nurse" to relieve the residents and interns of this time-consuming treatment. The growing need to have blood and

plasma ready for use, particularly in emergencies, made the existing system of collecting and typing blood slow and laborious, and the evolution of the administration of transfusions moved forward again when in May 1942 the Blood Bank was established, with Dr. Lamar Soutter in charge of its staff of one nurse, one technician, and a part-time maid. In later years when it had grown and moved, the clinical staff of the Blood Bank took over the supervision of the several nurses who then administered intravenous therapy.

After the construction of the White Building, plans had been made for a building for the Vincent Memorial Hospital, the third of the hospitals to affiliate with the MGH in 1941. The proposed structure was to consist of six floors, the lower three for the Vincent Hospital's gynecological patients and the upper floors for the Burnham Memorial Hospital for children. Although World War II caused building to be postponed, the transfer of the Vincent Memorial Hospital to the MGH took place in February 1941, and its patients were cared for in the White Building. At that time, Dr. Joe V. Meigs became Chief of this new Gynecological Service.

The delay in the construction of the Vincent-Burnham Building held up the removal of the Pharmacy from the Domestic Building. In 1946, under the direction of Mr. John P. Murphy, who became Chief Pharmacist after Mr. Godsoe's retirement in 1944, plans were accepted to have a contiguous arrangement of the pharmacies of the House, the OPD, and the Eye and Ear Infirmary on the ground floor of the Vincent-Burnham Building and the OPD. In 1948, when the new and completely equipped Pharmacy was opened, a more startling and impressive contrast with the old Pharmacy could hardly have been imagined.

Throughout its history, the MGH had made contributions to the medical arts and sciences, even though its main function had continued to be the care of the sick and the clinical teaching of young physicians. After 1920, advances in scientific knowledge and the development of technical equipment facilitated the investigation of microscopic and physiologic aspects of disease. Collaborative efforts by chemists, physicians,

surgeons, and pathologists began to replace the more isolated efforts made by doctors in the past. Dr. David L. Edsall, who in 1914 became Chief of the Medical Services and in 1923 dean of the Harvard Medical School, paved the way for increased interest in research with his studies of basal metabolism. His successor as Chief of the Medical Services, Dr. James H. Means, opened the first research unit at MGH in Ward 4, a ward later named Mallinckrodt in honor of a generous donor.

Ward 4, a small unit of ten beds, was located on the first floor in the east end of the Bulfinch Building. The painstaking studies of metabolism carried on there under controlled conditions afforded precise knowledge of each patient obtainable only by the help of an ample and understanding staff. In Ward 4 an unusually strong spirit of teamwork developed among the head nurse, the graduate and student nurses, the dietitians, and technicians who worked closely with the patients and doctors. The pace and purposes of this ward permitted the painstaking attention to detail that was less often possible in other wards, and having some part in unraveling the causes of obscure diseases was a stimulating learning experience. The patients, who were often restricted for weeks to a strict and boring routine, needed the friendliness and interest that the entire staff provided. The research, conducted by investigators from various MGH departments, was concerned with many challenging problems, among them the study of the thyroid gland.

In the 1930s, the department of physics at Massachusetts Institute of Technology began to produce radioactive isotopes, and in 1937 radioactive iodine was made available for the study of normal and abnormal functioning of the thyroid gland. Dr. Joseph C. Aub (whose outstanding contribution in the twenties to the understanding of lead poisoning had led to its prevention among industrial workers and others), with his colleague and friend Dr. Paul Dudley White, now began a study of the effect of hyperthyroidism on the heart. Dr. Aub and Dr. Walter Bauer solved the enigma of the relationship between the hormone of the parathyroid glands and calcium in the body, and with other collaborators identified the disease as hyperparathyroidism. Dr. Fuller Albright and his co-workers made brilliant contributions to the knowledge of this and other endocrine functions and diseases. Dr. Aub next

undertook research in the possible links between cancer and basal metabolism. He left the MGH to become director of the laboratories of the Huntington Memorial Hospital for Cancer Research; in 1942, when that hospital became affiliated with the MGH, he returned to MGH to continue his work.

Beginning in 1930, Dr. Paul D. White conducted special cardiac clinics for children in the OPD. With this and earlier research as a base, he developed a Department of Cardiology. Dr. White was head of the cardiac clinic until he retired from this post in 1949, after a lifetime devoted to advancing the prevention and cure of diseases of the heart. Among his associates who have continued to contribute in this field are Drs. Edward F. Bland, Howard S. Sprague, Conger Williams, and Gordon S. Myers.

Other research groups began long associations as they tried to understand particular diseases or associated conditions. Drs. Bauer, Charles L. Short, Marian W. Ropes, and others studied the various forms of arthritis. The understanding that they achieved of the physiology of cartilage and the nature of synovial fluid advanced the study of these crippling diseases, which were becoming a vast social and economic problem. Their research through many decades contributed to the improved management of these patients.

Among the surgical groups there was one that included Drs. Edward P. Richardson, James C. White, Robert R. Linton, and Leland S. McKittrick, who were concerned with different aspects of disturbances in circulation. Dr. Edward D. Churchill, who was Chief of the West Surgical Service (1931–1947), developed thoracic surgery to an unprecedented level by demonstrating the successful resection of the lung in cases of cancer or tuberculosis. During Dr. Churchill's absence in World War II and thereafter, Dr. Richard H. Sweet contributed outstandingly to this field. The Chief of the East Surgical Service, Dr. Arthur W. Allen (1936–1947), and his associates, Drs. Linton, McKittrick, and Henry H. Faxon, studied disturbances of circulation, especially of the perivascular system.

The value of the work of Drs. Oliver Cope, Bradford Cannon, Francis Moore, and Frederick W. Rhinelanders on the care of patients with

burns was dramatically demonstrated during the treatment of patients from the Cocoanut Grove nightclub fire (Chapter 21). Many patients with ankylosed hip joints regained some mobility as the result of Dr. Marius N. Smith-Petersen's development of the operation "arthroplasty," in which he prepared the useless ball-and-socket joint to permit the insertion of a vitallium cup. After all medical means failed to relieve the danger and discomfort of essential hypertension, the operation of sympathectomy was developed by Drs. James C. White and Reginald H. Smithwick.

A heretofore incurable disease, myasthenia gravis, was studied by Drs. Henry R. Viets and Robert S. Schwab in the OPD clinic that they began in 1944, and they established the vast benefits of the drug neostigmine. Associated findings demonstrated that the thymus gland had a relationship to this disease, and the surgical removal of this gland in selected cases was devised. In this, as in other instances, collaborative efforts made by members of many departments at the MGH, in the Harvard Medical School, and elsewhere made possible remarkable advances in diagnosis and treatment.

In almost all of this research the role of nurses was peripheral and limited, but their contributions were of inestimable value in the care of patients undergoing tests, carrying out new medical regimens, and surgical procedures. A knowledge of the conditions and treatments and an understanding of the patients and their responses were imperative if the desired benefits were to be attained. This sense of responsibility and the realization that new knowledge was being mined all around them were stimulating and satisfying. Some of the rich background acquired by MGH student nurses came from this kind of association with the research efforts of doctors eminent in their field, and the accompanying growth of their own understanding and abilities.

One of the major events in this long passage of discovery occurred in 1935 when Gerhard Domagk's work with the dye prontosil red led to the therapeutic use of the chemicals known as the sulphonamides. Now the streptococcic infections, pneumonia, meningitis, and gonorrhea could be attacked by sulphanilamide, sulphathiazole, or sulphadiazine, though not without danger to the patients; it was necessary for the

nurses to observe them very carefully for evidences of toxicity and to vigorously sustain efforts to prevent toxic effects. Another disadvantage was the ability of some organisms to develop resistance to the sulphonamides.

The relatively nontoxic antibiotic penicillin was first used by Oxford University scientists for a limited number of human beings in 1941. The benefits of such an agent during World War II proved of inestimable value. Called "the greatest contribution to the science of medical treatment made in the twentieth century,"³ the development of the antibiotics and their use against pus-forming cocci, tetanus bacilli, and *trepone* *pallidum* was indeed a tremendous boon; Dr. Faxon alludes to the "B.P." and "A.P." years, before and after 1944, when penicillin was first used at the MGH. Delighted as the nurses were with the benefits derived by the patients, the administration of hundreds of parenteral doses posed overwhelming problems for the diminished nursing staff. There came a time when the administration of antibiotics to the White Building patients alone consumed in one day the equivalent of the full time of eleven nurses.⁴

Fortunately, Mr. Godsoe and John P. Murphy, the assistant chief pharmacist since about 1924, considered one of the pharmacy's functions to be the preparation of agents ready for use on the wards; sterilization and dissolving of solids in liquids should not have to be done by the nurse in the medicine closet. In 1939 space was provided to expand such services and to allow for the beginning of pharmaceutical research, and the MGH pharmacy was dispensing sterile sulphonamides for intravenous use many months before such preparations became commercially available. This active research and manufacturing operation saved the Hospital a great deal of money, facilitated the work of the nurses, and, most important, often eliminated dangers for the patients. The change in packaging and labeling of containers in 1945, when the metric system was adopted, also increased safety. Reliance on artificial coloring added to certain solutions for external use, rather than on scrupulous reading of the label, had resulted in some errors, which were reduced when amber bottles and new standardized labels were adopted for all preparations.

Other new methods of treatment demanded of nurses even more

knowledge and skill than had been required to give intramuscular injections, and were soon nearly as common as medications given by mouth. One was the treatment of intestinal obstruction by measures based on the principles of suctioning and siphoning, which made possible the decompression and aspiration of the intestine. The use of the Miller-Abbott tube and the care of these very sick and uncomfortable patients were part of the surgical nursing experience of most students. Some devices, such as the Stryker frame, relieved the paraplegic patient of the potential danger of decubitus ulcers. The nurses were able to change his position for appropriate care and to eliminate the muscle strain experienced previously. Prevention of flexure contractions was basic to all positioning, and the toe-pleat in the bedding to prevent footdrop replaced the beautiful, tightly applied top bedding. Recent emphases included the teaching of proper body mechanics for the nurses and physiological instead of complete bedrest for the patients.

The patients and their stages of illness were gradually viewed in a different light. Convalescence had new dimensions; psychosomatic medicine provided new understandings. The book *The Patient as a Person* (1939), by Dr. G. Canby Robinson, revived a long-known but submerged view. With the vast increase of the aged in the population and developments in therapy that permitted them to withstand complicated surgical procedures, the specialty of gerontology emerged. Because of the discrepancy in ages, especially between the student nurses and many of their patients, more time should have been given to explaining the patients' attitudes and needs than the nursing curriculum or ward conferences allowed.

The degree of illness and the complexity of care had thus removed Nursing from the realm of routine attention to patients, hygiene, and simple remedies, to a demanding, sophisticated, time-consuming type of care that required professional preparation. It was a misfortune that so many of these advances in care came during wartime, when the shortage of graduate nurses was peaking and the pressures on teachers and learners were at their worst. However, the teaching did encompass these changes, and the practice of nursing was carried out on a level far different from that of the twenties, though not without the loss of some advantages from that period.

CHAPTER 21

The Hospital in World War II

DURING the years from 1931 to 1939, average Americans were more concerned with the problems of earning a livelihood than with the wars in China, Africa, or Europe, although they were horrified by the acts of Japan, Italy, Germany, and Russia and were fearful of the consequences. However reluctant some people were to contemplate participation in another war, the first air bombings of civilians in the cities of Madrid and Barcelona during the Spanish Civil War, in 1937–1938, brought increased realization of the dangers ahead. On September 3, 1939, when Great Britain and France declared war, another stage in the European tragedy took place and reinforced the growing awareness that this was no nightmare that would disappear, even for Americans with oceans as barriers to aggressors.

Doctors and nurses at the MGH, engrossed with their own work, were made acutely conscious of possible involvement in the war when on March 20, 1940, the Surgeon General, James C. Magee, U.S.A., asked the MGH to organize the General Hospital No. 6 so that it could become an affiliated unit of the United States Army Medical Corps to be used in the National Defense Program and to be ready for service in the event of war. As soon as the plan was approved by the MGH Trustees and the General Executive Committee, Dr. Thomas R. Goethals was selected to organize the unit, and he later became its commanding officer. The Service Chiefs were next chosen: Lieutenant Colonel Horatio Rogers, Surgery; Lieutenant Colonel Donald S. King, Medicine; and Majors James R. Lingley, John H. Talbot, and Robert G. Rae as Chiefs of Roentgenology, Laboratory, and Dental Services. Other doctors were soon enrolled. Each such unit required 120 nurses, so that Miss Johnson immediately began the process of seeking them. In addi-

tion to MGH graduates, others invited to join included graduates from the McLean Hospital and Simmons College Schools of Nursing who had affiliated at the MGH, and those from other schools of nursing who had been employed at the Hospital for a year or more of graduate staff duty. In her report presented at the February 1941 graduation, Miss Johnson stated that there were 85 graduates enrolled, all members of the American Red Cross Nursing Reserve.

At this time few nurses had entered the service, and Miss Sleeper on her return from a meeting of the National Committee on Red Cross Nursing Service in Washington, D.C., reported that though enrollment in the Red Cross Nursing Service was increasing, more nurses were needed badly in the Army Nurse Corps. Three MGH nurses, Walborg L. Peterson (1926), Edna M. Cree (1928), and Mary Louise Carpenter (1940), were among the first to go abroad. They were associated with the Harvard-Red Cross Hospital in England, directed by Dr. Gerald F. Houser, who was on leave from his post as an assistant director of the MGH.

Hospitals had only begun to experience the loss of professional staff when other employees left to seek the higher wages to be found in defense-related industries. Then on September 16, 1940, the Selective Service Act became effective, the first time in the United States that compulsory peacetime military service had been established. Now the medical staff of military age, residents, interns, and all men employed by the Hospital were subject to the draft. By the end of 1940, in addition to the 26 doctors assigned to the 6th General Hospital, about 50 others had joined the Medical Reserve Corps of the army or navy or were assigned elsewhere.

Meanwhile the Hospital was taking part in the Civilian Defense Program. Dr. W. T. Sherman Thorndike, an assistant director, had attended Air Defense courses at the Massachusetts Institute of Technology. With the surprise Japanese attack on Pearl Harbor in Hawaii, on December 7, 1941, and the declaration of war against Japan the next day, the somewhat desultory rate of defense preparations increased overnight as the lifesaving significance of the precautions became better appreciated. The towering White Building had become a potential

target. By midweek, equipment to deal with incendiary bombs was in place on every one of the MGH roofs. How impotent one felt “on watch”; how miniscule were those buckets of sand! Dr. Thorndike had been placed in charge of the defense organization to deal with fire and sabotage and Dr. Houser, with the firsthand experience that he had gained in England, was responsible for making possible a blackout of the whole Hospital. Dire as this need was, some amusing incidents occurred during tests when inadequacies were revealed before the blackout curtains were conquered. Even the night nurse’s flashlight had to have a blue cover similar to that used on other essential lights.

By 1942, consideration had been given to the organization, plans of action, and equipment that might be needed to deal with civilian casualties. Dr. Edward D. Churchill had been placed in charge of the staff teams that would provide care for the injured, who were to be classified according to need in a central area and then removed to the designated treatment area. Manuals that reinforced the instructions concerning every contingency were distributed to the various departments. Nursing Service had assembled additional beds, blankets, equipment, and sterile supplies, which were deployed in various storage areas. The recently organized Blood Bank stocked frozen plasma and could supply fresh blood for transfusions. Before year’s end, proof was established that “an emergency anticipated and prepared for ceases to be an emergency.”¹

The first test of the Hospital’s readiness to deal with a civilian disaster came on Saturday, November 28, 1942, when a fire broke out at the Cocoanut Grove nightclub in Boston, a fire that resulted in 491 deaths. The clamor of fire apparatus rushing along Cambridge Street was no special cause for concern to nurses and doctors at the MGH, but when the unusually imperative and persistent screech from the sirens on ambulances did not diminish as they approached the Emergency Ward entrance of the White Building at 10:30 P.M., it was evident that something unusual was taking place. Thus began at the MGH, as it did at other Boston hospitals, a night that is still a vivid memory for the pa-

tients and their relatives and for all of the professional staff, personnel, and volunteers who provided care for them directly or indirectly.

A call went out immediately from the Emergency Ward to all residents and interns and to the night nursing supervisors. Soon the Hospital received official notification of the disaster and the summons began to teams of doctors to provide burn care and resuscitation, to the visiting staff, to off-duty nurses, social workers, dietitians, laboratory and X-ray technicians, to the Maintenance Department men, to orderlies, to volunteers. By 11:15 P.M. nearly the whole organization for patient care had been assembled. Patients already in the Hospital were moved out of the Emergency Ward and thirty surgical patients on White 6 were prepared for transfer elsewhere in order to have one center for the care of all of the burn patients. Between 10:30 P.M. and 12:45 A.M., 114 casualties were received; 75 were either dead on arrival or died soon after. An emergency morgue was set up in the Brick corridor where, behind screens, the grim task of identification was completed shortly after dawn.

The 39 living patients with burns of varying degrees of severity were also suffering from fright, cold, and wet clothing. Some experienced partial asphyxia; some were in shock, and still others were stunned or agitated. All preliminary treatment was carried out in the Emergency Ward, where wet clothing was removed, warmth and medication provided, and the burned surfaces covered with sterile towels. By 1:30 A.M. all 39 patients had been put to bed on White 6. Oxygen therapy by tent or catheter was in progress for some. Seven patients had to have tracheotomies because of damage to the respiratory tract. Shock treatment with blood plasma from the Blood Bank had been started. In the first twenty-four hours, 121 units of frozen plasma were used, and 16 transfusions of whole blood were also administered during the first days. Intravenous administration of saline and glucose solution continued for many. Every patient received sulfadiazine.

Thirty patients had burns that necessitated full treatment, which included the application of petrolatum sterile dressings and pressure bandages, a part of the new mode of treatment recently developed by Dr. Oliver Cope and others, at the MGH. White 6 had been transformed

into a burn treatment center, the east solarium being converted into a dressing station and the south solarium set up so that by 10:30 Sunday morning all patients had had chest X-rays. The precautions taken to prevent infection included making White 6 off-limits to all except those authorized to enter, such as the closest relative, a patient's local doctor, clergymen, or an official, and they must put on mask and gown.

On the first floor, members of the Social Service Department were interviewing distraught relatives and friends, calming the emotionally disturbed, and providing information for the many who telephoned. Food and hot beverages were provided by the Dietary Department for visitors, staff, volunteers. Volunteers regularly associated with the Hospital were on hand not only during the first twenty-four hours but also during the post-emergency days that followed. More than a hundred graduate nurses employed by other agencies and many private-duty nurses volunteered in their off-duty hours to care for patients throughout the Hospital. The Red Cross participated in many ways; 260 volunteer nurses were supplied to the MGH and one other Boston hospital. Even two weeks after the fire, 73 Red Cross nurses were still on duty. The Red Cross volunteer aides proved how valuable they could be in an emergency and irrefutably demonstrated that the view held by Betty Dumaine in 1935 was valid. At her insistence the MGH had prepared and utilized such volunteers, the first Boston hospital to do so. Though the students were eager to become more closely involved, they acquiesced gracefully to the direction to do their best in their usual posts so that the more experienced nurses could care for the injured.

Out of this response to disaster came dramatic proof that all of the thought, time, and labor invested by so many had stood the test of use. There was no shortage of supplies or equipment. People did not have to be told what to do. Experience was gained that would help if another occasion arose. It was a time that reminded everyone that this Hospital was a remarkably good place in which to work and that every department had an important role, none greater than Nursing.

Two years before the Cocoanut Grove disaster, the national nursing organizations had initiated plans to deal with the anticipated extraor-

dinary need for nurses to staff military and civilian hospitals and other community health agencies. Even before it became certain that the United States would enter World War II, the likelihood of the need for thousands more nurses was realized. During the years from 1940 to 1945, recruitment, standards for admission, acceleration of the curriculum, and the very aims of the nursing schools were affected by exigencies related to the war.

The problems of providing for wartime needs were complicated by the situation that had developed in the latter part of the 1930s. During the Depression years, many nurses could not find employment; later, extraordinary demands had developed for nursing services. Since vast innovations had occurred in health care programs, the long-standing need to supply greater numbers of better prepared nurses had become imperative. Studies by the Committee on the Costs of Medical Care, published in 1933, had shown that two outstanding blocks to adequate care for thousands of citizens were their lack of knowledge about how to obtain health services and their inability to pay for them. The Social Security Act, passed by Congress in 1935, and amended thereafter, provided broad health programs that were to be administered by the United States Public Health Service and the Children's Bureau. Specified in the provisions, in addition to programs for overall public health, were those specifically for mothers, children, the aged, and the blind. After 1935 the ramifications of these programs affected nursing practice, nursing education, and the employment of nurses.

A rapid growth took place in public health nursing on both the national and the state levels. Divisions of maternal and child health under the direction of a physician were soon found in every state. Stipends and tuition from Social Security funds disbursed by the Children's Bureau enabled hundreds of nurses to prepare for work in public health nursing. By January 1, 1940, in the United States, including Hawaii and Alaska (then territories), more than 23,000 public health nurses were at work and more were needed.²

Hospitals felt the impact of the increased number of patients being admitted after the advent of prepayment plans for hospital care. (The first "Blue Cross" patient at the MGH was admitted to the Phillips

House in September, 1937.³ By 1940 there were about four and one-half million people enrolled in the plans approved by the Blue Cross Commission of the American Hospital Association.)⁴ In addition to the inadequate number of well-prepared nurses, Nursing was still faced with precarious financing for its basic and graduate educational programs and a chronic shortage of prepared administrators, supervisors, and teachers, despite some gains made between World Wars I and II.

The nurses in the United States who were in service and education had no illusions about the shortcomings of Nursing, the demands it faced in peace, or the monumental tasks that war would produce. Because many of them had taken an active part in nursing during World War I, they were determined to attack the problems by cooperative efforts that would provide comprehensive information as a basis for action, maintain standards of service and education, and promote full participation by nurses in the war effort.

Isabel Stewart was still one of the most active members of the NLNE. Shortly after the May 1940 convention of the three national Nursing organizations, she proposed that there should be a new Nursing Council of National Defense. Julia Stimson, the president of the American Nurses Association and a former superintendent of the United States Army Nurse Corps, along with other nurses felt that the time had come for the profession to face the apparently inevitable involvement in the war. In July 1940, representatives of all the national nursing organizations and the American Red Cross Nursing Service came to a meeting Miss Stimson had planned. They were joined by others who represented the United States Army Nurse Corps and the Navy Nurse Corps, the United States Public Health Service, the Nursing Service of the Veteran's Administration, the federal Children's Bureau, and the Nursing Service of the Department of Indian Affairs. Mary Beard, since 1938 director of the American Red Cross Nursing Service, convincingly expressed her fears about the future and at this first meeting, five months before Pearl Harbor, a Nursing Council for National Defense (later the National Nursing Council for War Service) was planned and its functions identified. The Council was to determine the available nursing resources, the role of nurses and Nursing, to devise means by which

standards of nursing education and nursing service could be prevented from dropping below present levels, to cooperate with other agencies, and to receive and disseminate information. The state nurses' associations were asked to provide the initial financial support and to participate in the activities. With help from the USPHS in devising questionnaires, the survey of national nursing resources was started, and the nurses' association in each state collected data. The findings on the 75 per cent return revealed that some 100,000 nurses, unmarried and under forty years of age, were eligible for active military duty if they could pass the physical examination. Another 25,000 inactive nurses might be available.

About a year after the first action of the American Red Cross Nursing Service and the National Nursing Council, a federal subcommittee on Nursing was appointed with Mary Beard, now a staff member of the Rockefeller Foundation, as its chairman. This committee had investigative and advisory functions, and the Council continued as a planning agency. The subcommittee completed its assignment in July 1943. The Council continued to function until 1948.

Faced with the essential task of increasing enrollment, the schools of nursing must have financial assistance if additional instructors and facilities were to be provided. The United States Office of Education rejected the plan prepared by Isabel Stewart, which had placed the estimate of federal aid at \$12,000,000. A second approach made through the subcommittee on Nursing, with the request channeled through the USPHS, brought results. Effective July 1, 1941, through June 1943, federal funds of \$4,500,000 were made available for nursing education. Their use was to be supervised by the USPHS through a new unit under the direction of Pearl McIver, who in 1934 had been appointed the first senior public health nursing consultant of the USPHS. During the two years of this federal aid program it provided the financial assistance that made possible the enrollment of 12,000 additional students in basic nursing school programs. It also financed academic preparation for 2,500 teachers and other nurses who needed postgraduate education, and supported refresher courses for 4,000 inactive nurses willing to help in hospitals or other agencies.⁵

The speed and intensity of all the existing programs of the national Nursing organizations had been increased immediately, while additional needs were attacked by newly appointed committees. At this time the NLNE, of which Adelaide A. Mayo (MGH 1917) had become the executive director, served as the education department of the ANA so that cooperation between these two organizations and the initiation of many endeavors at national and state levels were the more readily facilitated. Members of both organizations, already deeply involved in arduous professional work, cooperated fully in their attack on the dismaying array of problems that confronted them.

At the League's convention in May 1942, the wise and staunch president Stella Goostray, superintendent of nurses and principal of the school of nursing at Boston's Children's Hospital, specified certain of the challenges of the war effort faced by NLNE members. The challenges included the dual responsibility to render essential services and to maintain sound educational practices in schools of nursing, the need to extend safely and wisely the use of auxiliary personnel to provide nursing services, and to increase public education in order to gain understanding and support for Nursing and nursing education from better informed and more sympathetic citizens.⁶

Among the new committees appointed at this convention was one on Educational Problems in Wartime. Nellie Hawkinson, the chairman, reported a year later on the policies and practical methods seen to be needed for the protection of educational standards and on the supporting actions being undertaken by state and local Leagues. To serve as secretary to the committee and to expedite publication of the first in a series of bulletins pertaining to wartime educational problems, Ruth Harrington (MGH 1932) of the University of Minnesota School of Nursing faculty had been released during the autumn of 1942. The NLNE's assessment of conditions and problems brought convincing evidence that faculties and service personnel were not only going to cope with the situation, they were also going to try to extract whatever benefits they could find.

Help was forthcoming in many ways, among them from the field service launched by the National Nursing Council for War Service

through which nurse educators, selected regionally, provided consultations to the schools. Ruth Sleeper, chairman of the National Curriculum Committee of the NLNE, sent letters to every state League urging them to undertake special studies of the curriculum to pave the way for the acceleration of school programs proposed by the national government, in order to release senior students for service in military or civilian hospitals during at least the last six months of their program.

In 1942 the recruitment goal of 55,000 students enrolled in nursing schools had been missed by only about 5,000 students, despite the increasing competition from industry and the newly formed auxiliary women's groups for the armed forces. Again cooperation at the local level was fostered nationally; not only were nursing schools and state and local councils active, but also women's organizations and other groups wished to participate. Before 1943, for example, the National Federation of Women's Clubs had raised \$145,000 and distributed it in scholarships to student nurses and had assisted with recruiting. Nursing leaders realized that they must foster such interest if public support for Nursing was to be sustained in the needful postwar period.

Already attention was being paid to ways in which Nursing could begin to prepare for the inevitable dislocations and problems that would arise when the armed forces and nurses returned to civilian life, and hospitals and schools of nursing attempted to move towards peacetime levels of achievement. The celebration of the NLNE's fiftieth birthday at the 1943 convention dealt only briefly with history. Isabel Stewart, the director of the Division of Nursing Education at Teachers College, Columbia University, and a leading historian of Nursing, in a succinct review of the League's record noted how the dominant issues had been handled and suggested that loyalty to its great traditions should not stand in the way of seeking new truths and exploring new paths.⁷

Among the urgent considerations was the whole question of the education and place in Nursing of those nonprofessional workers usually designated practical nurses or attendants. Here was a matter that Nursing had dealt with inadequately through all the fifty years it had been trying to become a profession. In 1893 when the matter was discussed, there were already some schools for "household nurses" conducted

under the auspices of the YWCA or other groups. Boston's school, conducted by the Household Nursing Association, was well known and highly regarded in the community, where its board members were drawn from the same coterie as the MGH's Ladies Visiting and Ladies Advisory committees. (Later this school of practical nursing was conducted by the MGH.) Although the problem was viewed in different ways by consumers of health services, nurses, doctors, hospital administrators, and national organizations, significant progress came in the forties.

An outstanding development for Nursing was the establishment by Congress of the United States Cadet Nurse Corps when on June 15, 1943, the Nurse Training Act of 1943 became effective. The Cadet Nurse Corps brought almost 170,000 cadets into 1,125 of the country's 1,300 schools of nursing between July 1943 and October 1945. By 1948, when the last cadet classes graduated, the number of graduates exceeded 124,000.⁸ Their preparation for Nursing was made possible by grants to the qualified institutions which provided the educational programs. In order for a school to receive cadets, it had to meet specified standards, and replan the curriculum to fit into thirty months so that students in the senior-cadet period of six months would be available for supervised experience in military or other federal hospitals, public health agencies, or civilian hospitals.

Students eager to participate in war service benefited from the educational programs made possible for many of them by the monthly stipends paid by federal funds, which increased from \$15 to \$20 and then to \$30 as the student progressed through the pre-cadet to the junior-cadet, and then the senior-cadet periods. Students received very attractive outdoor uniforms, maintenance for nine months, tuition and fees, as well as the stipends. The expenditures for each cadet during her three years averaged \$1,360.⁹ The additional facilities needed to absorb these large numbers of students were also made possible by federal funds, so that schools acquired classrooms, books, library space, and dormitory accommodations. Thus some of the major blocks to expansion in schools of nursing were overcome, the threatened loss of students was stemmed, and valuable aid was provided the beleaguered nursing services.

The Nurse Training Act of 1943 not only provided for the Cadet Corps but also gave financial aid for postgraduate education for graduate nurses and in-service courses for nurses who could not be spared from their work in order to study. Thus some teachers and head nurses who had been prematurely propelled into positions beyond their skills were able to gain more preparation.

The call to arms for those who remained at home in hospital nursing services and nursing schools had its own motif. At the MGH, as in other nursing schools, the message was recruit, expand, accelerate, maintain standards; in the Nursing Service, be ready for whatever comes, find help, make do, hold the line.

In the years between 1941 and 1946, the MGH School was flooded with students, while Nursing Service experienced the drain of its personnel into war-related services or industry. By the end of 1943, among the three groups that supplied the greatest proportion of nursing service at the MGH, there was a shortage of 240 workers: 164 graduate nurses, 54 ward helpers, and 22 orderlies. Volunteers and student nurses filled the vacancies.

The loss of graduate staff nurses had an immediate impact on the School's program because the graduates had provided care and maintained the Nursing Service when students left the wards for classroom or ward teaching. In an effort to improve the relationship between clinical instruction and experience, the educational plan had long called for correlation. By the fall of 1941, in order to meet the needs produced by simultaneously sending more students on affiliations, filling new staffing requirements, and reducing the number of students off the wards, every course after the clinical period was taught three times annually. Thus some seniors were free from classes during one trimester. Said Miss Johnson in her February 1943 graduation report, "Little did we know when we were making these changes to meet our own needs that we were making a very definite contribution to the program which must be established if the federal government requests the students to spend the last six months of their senior year as affiliates in government hospitals."¹⁰

Though the largest class in the history of the School, 99 members, had graduated in February 1941, efforts were made to intensify and increase recruitment both of high school graduates and young women with two or more years of college. All of the usual methods were continued. The medical staff was also asked to assist. The MGH took part in a statewide Open House Day for high school students. Miss Johnson and Miss Sleeper spoke to junior and senior college groups. Meetings were held at the General of such groups as the Boston section of the Massachusetts Association of University Women and the Massachusetts High School Principals' Association, so that Nursing could be interpreted to them by student demonstrations, tours, and talks. A definite effort was made to show that it was important for men to consider Nursing. The School's admissions increased from 121 students in 1941 to a total of 169 in 1942, distributed among three sections with 55 entering in February, 93 in September, and 21 from the first summer course. Once again in a cooperative venture, Simmons College, the schools of the Peter Bent Brigham Hospital, the Children's Hospital, and the MGH conducted jointly at the college a preliminary eight weeks' session for college graduates or those who had had two years of college. They studied the basic sciences, which proved to be an academic pitfall for some of the 21 students the MGH enrolled out of a total of 46. This and other reasons markedly reduced the size of the group that arrived at the MGH in the fall, after a short vacation, to continue the eight weeks' study of other preliminary courses before joining the students in the regular three-year School for the rest of the program. Helen C. Belcher (A.B., Mount Holyoke College 1942, MGH 1944), who has made a very significant contribution to the profession, entered Nursing in this group.

The funding for this group was derived in part from the hospitals involved and in part from money provided by the federal government, which at the MGH also paid for equipping a nursing laboratory on the fifth floor of the Domestic Building. This laboratory was essential because the Thayer classroom was already crammed with the regular September section, which had been admitted at almost the same time that the summer session group arrived.

During 1942 the faculty had to adjust to many changes and pressures. Several key instructors had left and had been replaced. Additional teachers had been added to assist with the larger number of students taking the preliminary course in nursing.

Doctors continued to participate in the teaching of the clinical nursing courses both in the classroom and on the wards. The residents presented the fundamental aspects of medical, surgical, and pediatric conditions. Members of the visiting staff lectured on their specialties, and other lecturers came from community health agencies. In her 1945 report, Miss Johnson noted that despite all of the handicaps of that year, there had been 5,000 hours of ward teaching in the Baker Memorial and the General Hospital, an average of 93 hours a week. Visiting physicians joined residents, interns, supervisors, and head nurses to accomplish this. To learn firsthand from individuals eminent in their field remained one of the great assets of being associated with this renowned medical center.

A recorder-secretary had been added to help Miss Kempf with the ever-increasing details of the academic records of the students. The curriculum had been scrutinized to see how it might be adjusted. The reorganization of some content allowed what had been considered advanced nursing procedures to be taught with the related elementary ones, since all were based on the same principles. Thus in the fifth month of the pre-clinical term more students could be assigned to assist on the wards. Fortunately, government funds provided additional supervisors. A few more hours were freed for study. To assist with her learning, the student was provided with study guides and pretests, something of a *bête noire*, that revealed to what degree her scientific knowledge was available to supply principles on which to base nursing practice.

Repeated long demonstrations were eliminated by the use of teaching films (some made by Sylvia Perkins and her assistants), which brought into close view the fine points of techniques. For example, a subcutaneous injection of morphine sulphate grains $1/6$ was still prepared by dissolving a small pill in the appropriate number of minims of water left in a spoon in which the needle had been sterilized over the flame of an alcohol lamp. (There were no disposable syringes, no drugs in solu-

tion for parenteral administration prepared by the Pharmacy, and the metric system had not been adopted.) The details of this and other procedures, which were not easy to see from the upper rows of the amphitheater of the upper OPD, were clearly visible in the new films. Other visual aids were developed, all with the skillful and generous assistance of the Hospital's Photography and Medical Arts departments. War pressures brought these long-overdue additions; but nothing could be done to reduce the hours required of the teachers, who were expected to sustain the regular program, make all the improvements possible, and prepare the students for the rigors of the clinical situations where they would have to deal with more difficult experiences than their predecessors of some years had known.

Writing about 1942, Miss Johnson recorded for all time in her graduation report that "the officers of the hospital and of the school greatly appreciate the spirit in which during this difficult time the students discharged their added responsibilities, accepted the curtailment of their social activities, and endured their less than satisfactory housing and working conditions."¹¹

The advent of the United States Cadet Nurse Corps in June 1943 both lightened and increased the work. Admission to the corps had been made retroactive for all students already enrolled whose programs could be adjusted. Since the MGH had already made considerable adjustments in its curriculum, the first MGH member of the Cadet Corps was able to complete the MGHSN requirements and report for duty at Camp Devens on August 15, 1944.

Ruth Sleeper, in her capacity as liaison officer between the School and the USPHS, set up the budget, assisted with the mechanics of the payroll, and was hailed delightedly by the cadets who received their checks from her office. By February 1944, about 300 of the 400 MGH students were members of the Cadet Corps. The work entailed in launching the cadet program went far beyond financial matters. Miss Sleeper gathered all of the information for the application forms, dealt with the correspondence, wrote publicity, interpreted the plan to the students in the School, advised the faculty, and interviewed most of the applicants. To Miss Kempf went the formidable task of reviewing the program of

every student in the School and replanning it for the older students who chose to enter the corps, as well as adjusting the schedules for all students who entered on February 1, 1943, or thereafter so that they could be free for the last six months.

Some students chose military hospitals, others were interested in experience in the Indian Service, the Veterans Administration, or with the Visiting Nurse Associations of Boston, New York, or Philadelphia. Others elected to stay at the MGH, where they served variously as ward seniors, assistant head nurses, assistants in teaching, on some of the more difficult night duty assignments, or in the operating rooms of the General, the Baker, or the Phillips House. Other options included the Massachusetts Eye and Ear Infirmary or the McLean Hospital.

The School's members of the Cadet Corps marched in the procession during the second Volunteer Day held in June 1944 on the Bulfinch lawn. The occasion was designed to help the 1,600 members of the Hospital's departments become better acquainted with the 1,900 volunteers who were sustaining their efforts. No group could compete with the nicely groomed cadets in their arresting gray outdoor uniforms with the insignia of the silver Maltese Cross on scarlet background and the modified Montgomery beret.

From the many adjustments made and studies done during the life of the Cadet Corps, nationally, in the states, and in the schools, some permanent and worthwhile results ensued. Coordination of the viewpoints and aims of state boards of nurse examiners proved a great benefit. The degree to which nursing schools in peacetime continued to provide nursing services received fresh attention. In the process of implementing the required accelerated program, legitimate and desirable changes in school practices were made far sooner than they would have been otherwise. The caliber of nursing education and practice came under the scrutiny of experienced nurse educators who served as consultants to the Cadet Corps. The limited response of college women to recruitment efforts was seen to be only partially related to the competition from WAVES, WAACS, and other appealing organizations. Said Stella Goostray, president of the NLNE, at a time when nursing was looking to the colleges and universities for help with recruitment, "We

have not yet begun to get any large numbers of college women into the field of nursing and we shall not until more schools than at present offer programs which will challenge their abilities. As long as schools of nursing admit college women and offer them teaching which is on a secondary school level and use disciplinary methods which fail to recognize that these young women are mature adults, we are hurting our cause with the college women.”¹² She recalled the disillusionment experienced by some college women who entered nursing schools in World War I, and warned of its repetition.

From whatever causes, when a project similar to the famed 1918 Training Camp for Nurses at Vassar College (see Chapter 8) was set up at Bryn Mawr College, initially financed by the American Red Cross, the enrollment failed to approximate the goal set; in all, about 150 students attended. This preclinical course was repeated during three summers, starting in 1941. Both its sponsor, Mrs. Thomas Raeburn White, and its dean, Margaret Conrad, director of nursing at New York's Columbia University–Presbyterian Hospital School of Nursing, had been Vassar Campers. In all three summers students from Bryn Mawr were enrolled in the Columbia–Presbyterian Hospital and Lincoln schools of nursing. In 1942 most of these students were enrolled in the Johns Hopkins Hospital school, which then withdrew to establish a similar plan in Baltimore. In 1943, among the 69 students were 6 from the MGH who had selected Bryn Mawr instead of entering the July section at the MGH. The faculty in nursing arts included one representative from each of the schools, though the only full-time member was Grace P. Follett (A.B., University of Wisconsin 1935; MGH 1939). A person of unusual insight and ability, she was well received by the students and the faculty, including the exceptional men and women who taught the sciences. The curriculum included in thirteen weeks all of the preclinical content except nutrition, and less than half of the hours for nursing given at the MGH. No clinical facilities were available so that only an introductory course was given; it served to sustain interest and show some application of the sciences to nursing. Since the class was not large and the faculty were under no pressure to prepare these students for tomorrow's experience with patients, they were privileged to

consider principles far more than procedures. Located on a campus with all college students, the faculty and students had time and freedom to enjoy together outdoor activities, trips to concerts, weekly chapel services of their own devising. Grace Follett found the intellectual and social give-and-take to be high among the rewards of a demanding summer. She and the 6 students were soon back at the MGH.

For a second fall, a summer college group required a modified course in nursing while the faculty's time was already consumed by the huge September class. These Bryn Mawr students were delightful young women who fitted admirably into the hectic MGH pace, and were undoubtedly aided by a summer full of contrasts when compared with the members of the July class with whom they would soon be melded. The member of this group who became best known in Massachusetts Nursing was Grace Nangle (A.B., Wellesley College; MGHSN 1946).

Many students were influenced in their decision, whether or not to enter Nursing, by the policy of some schools regarding the time required to complete the nursing course. At the time of World War I, the MGH had opposed reducing the total period of training, and in consequence had received very few applicants from the Vassar Camp. During World War II, the MGH relaxed its time requirements for college women, and on January 1, 1943, graduated the first student in this period to elect the shorter course: she was Felicita Boselli, from Italy, who held a B.A. from Somerville College, Oxford.¹³

For several years, the School's *Announcement* included a statement on "A Program for College Graduates," which stipulated the time allowance. If a student were a graduate of an approved college, and she had at least one year's academic credit for each of four courses, i.e., biology, chemistry, sociology, and psychology, and her college credentials as well as her theoretical and practical achievement in the School warranted it, she might be granted from three to eight months' credit towards the three-year course. In the 1943-1944 *Announcement*, these rather prohibitive specifications were modified so that no specific science courses were required, although the same courses were recommended. The college graduate must maintain a "B" average and, at best, might be able to complete the course in twenty-eight rather than

thirty-six months. She was warned about the law or rulings of the State Board of Nurse Examiners.¹⁴ Such shortening of the program, once carefully controlled, now became the accepted plan for all students. Acceleration, however, was regarded as a war measure. At the time when the greatest number of cadets were in the schools, "they supplied 80 per cent of the nursing service in the institutions which operated participating schools. Such excessive use of student service, often for non-nursing services, and under supervision of extremely varied quality, could be condoned only by the exigencies of war."¹⁵ The experience at the MGH bore out the contention of the AHA that the Cadet Corps saved the nursing services in civilian hospitals from collapse.

At first, only the convalescent ward (Ward I) was closed because of the shortage of nurses. Then, after summer housecleaning, a floor in the Baker Memorial was closed to patients and utilized for housing students. In 1944, for periods of various lengths, White 9, Baker 10, and Phillips House 7 were closed. Ward 4, after the usual summer closing, was not reopened until November. With shortages everywhere and the use of part-time nurses and volunteers, this was no situation in which to introduce students in an accelerated program. All too rare was the complete, personalized nursing care that both Service and School recognized as desirable. Change, not all undesirable, came in the relationships between nurses and doctors. More and more, each group had to work out its salvation, and thereby some of the fibers that had held together a fabric of support and cooperation were weakened, never to be equally strong. Also, during these years, premature and unreasonable responsibility was placed on many students who, without suitable criteria by which to judge, gloried in their importance, with unjustified self-confidence, and accepted lowered standards of practice that inevitably affected their nursing. It seems most unlikely that the gains balanced the losses during this period.

While the School's faculty were faced with inordinate pressures and a continual awareness of work incompletely done, and students were pushed beyond the MGH peacetime demands, those responsible for

Nursing Service had more wearing issues to face. They were always conscious of irregularities in and potential breakdowns of services to the patients, and the realization of inadequate support for the overburdened doctors. The administration of the depleted ranks of Nursing Service, supplemented by part-time nurses, volunteers, and student nurses, demanded stalwart perseverance and skillful management from Miss Lepper, Miss Griffin, Miss Stevens, Miss Campbell, and their associates. Miss Johnson, Miss Sleeper, and Miss Lepper carried staggering responsibilities for the war effort at the national and state levels, in addition to formidable extra demands at the MGH. Incredible as it seems, in 1942 out of 33 individuals in the General Hospital and the Baker Memorial concerned with administration, supervision, and teaching in the Nursing Department, only 3 could be said to have Nursing Service for their chief concern, unless one adds those on the night supervising staff. Each day supervisor in the General Hospital continued to carry School teaching responsibilities made more complex by the repetition of courses, and as time went on, the advent of nearly twice as many students.

The maintenance of nursing services was additional to the provision of nursing care for patients, a fact not yet entirely clear in most hospitals. In the 1942 edition of *The Manual of the Essentials of Good Hospital Nursing Service*, a joint effort of the AHA and the NLNE, a fundamental dilemma was stated: "A fact to be faced by hospital and nursing administrators is the impossibility of doing two hours of work in one hour of time and maintaining good standards."¹⁶ Plagued by such pressures for decades, administrators now had greater need than ever before to fight expediency and to realize that whatever was the nature of the changes in the quality of nursing care in the civilian hospitals of the country, the outcome would have a lasting impact. Of all the years past when there had seemed to be no time to contemplate desirable changes in hospital nursing service, none could equal in pressures those from 1942 to 1946. Yet solutions were found, not all makeshift. Perhaps the most outstanding feature of the period was the vast outpouring of goodwill and concrete assistance from hundreds of people, from some already with hospital ties and from others in the community who ral-

lied with equal spirit and, unacquainted as many were with hospitals, perhaps with more courage.

Volunteer service had been a significant part of the MGH experience since the 1880s; the competent assistance of volunteers during the Coanut Grove disaster was a dramatic reminder of their value in more complex situations than the ones in which they had usually functioned. Centralization of the volunteer service with a director had been accomplished by 1941. Miss Eleanor Greenwood, Chief of Volunteers, organized two groups that provided supplementary services for the dangerously depleted staff of orderlies, whose duties would have had to be assumed by nurses. One was a group of Harvard undergraduates, some of them medical students; and the other, under the direction of Mr. Osbourne R. Perry, a long-time volunteer himself, provided orderly service, often in the evenings, when staffing was at its lowest. Help with staffing the Baker Memorial floors during the evenings was given by some 50 businesswomen who came faithfully to augment the nursing staff, thereby relieving them of the myriad duties that required thoughtful attention but not professional nursing skills.

The functions and size of the Ladies' Visiting Committee had increased significantly during the decades since 1869 when the Trustees of the MGH appointed four lady visitors. The chairman from 1941 to 1950, Mrs. David B. Arnold, and an associate, Mrs. Frederick Deane, went to Edna Lepper to determine how their group might be helpful to the Nursing Department. They relieved one of the perennial pressures of the Nursing Service by supplying the "MGH War Service," familiarly known as the "Red Basket Ladies," a group who made many of the trips from the wards to the Pharmacy, the X-ray Department, to hither and yon doing the errands heretofore run by nurses or other ward personnel. Miss Lepper's dream of an errand service eventually materialized from this experiment. Members and other volunteers also filled in as ward secretaries, assisted with the feeding of patients, and added immeasurably to morale.

Of all the volunteers none provided so much help as the Red Cross Volunteer Nurses Aides. During 1942, for example, 328 of them gave the equivalent of the time of 16 full-time graduate nurses. They made it

possible to carry on, but such fractionated service was extremely difficult to administer to the best advantage of the patients or of the nurses struggling to care for them. Every department experienced shortages; the Dietary Department was particularly hard hit though, unlike Nursing, they did not have to provide for patients twenty-four hours a day. Food shortages and rising costs affected everyone, and rationing was started in 1943. Volunteers worked in the kitchens, swept floors and washed walls throughout the Hospital, and generally demonstrated that no task was too menial for them. In his record of 1943, Dr. Faxon notes that 1,248 volunteers gave 148,577 hours of service.¹⁷

Early in 1941, the Nursing Department had sent out 250 questionnaires to MGH graduates, seeking to determine what part-time service they could give, and offered a refresher course to those who wished to attend. The combined daily average of patients in the General Hospital and the Baker Memorial had reached 560 in 1940; an estimated 300 graduates were needed from those who were then not actively engaged in Nursing. During eight weeks in the spring of 1941 a sixty-four-hour course was given to 26 nurses from classes between 1910 and 1937. Taught by the instructors in nursing arts and clinical nursing, it focused on new and changed methods of care and ward routines. A review of the topics, published in *The Quarterly Record*, is a reminder of the vast changes during those twenty-seven years.¹⁸ Intramuscular injections, Wangensteen suction, the respirator, nursing care after thoracoplasty, gastric resections, colostomies, spinal fusions, and an array of new drugs comprised a challenge, even to an MGH nurse, that required some stamina. Since these nurses had to make arrangements at home for an absence of many hours, they were confronted with a double problem.

“Precarious” and “perilous” were the adjectives chosen by Grace Follett to describe the MGH situation in her appeal to the alumnae published in *The Quarterly Record* of June 1943. Mornings there were when on a 40-bed White Building floor only two nurses besides the head nurse were on duty; on May 17 the head nurse was the only nurse on the orthopedic floor from seven in the morning until one-thirty in the afternoon. The Nursing Office provided some help by depleting a small staff elsewhere; one was a part-time graduate nurse. The students often

found the supervisor trying to make out the next day's time slips, while the head nurse provided nursing care. Each student scheduled for class was left "so tired by what she has done and so troubled by what she has left undone" that her attention wandered throughout most of the class. Other results of these shortages of staff were experienced by the patients who were able to make their own beds, carry water pitchers, and serve trays. The doctors were omitting all treatments that they possibly could. How could the alumnae help? Even the best of volunteers needed guidance, often encouragement, and always teaching at first. The alumnae were urged to come and give nursing service—or whatever they could do.¹⁹

When *The Quarterly Record* of September 1943 was published, Miss Johnson included a rousing plea to all those who had had one of the refresher courses to note that the real emergency had arrived, since the 6th General Hospital was departing and other graduate nurses were leaving regularly to enter the military services. The appeal was not for volunteer but for salaried help; the need was so acute that, until about the end of October, all nurses would be paid as any member of the nursing staff. On October 19, 1943, another refresher course was offered to all available registered nurses. The needs were insatiable so that, despite some heartening responses, there was never enough help. Among the graduate nurses who plugged the dike were special nurses and public health nurses who had already worked their regular hours.

The MGH Trustees in 1944 voted to change from the former basis of cash plus maintenance to an all-cash plan at the basic rate of \$150 per month, in the hope that graduate staff nurses might be attracted to work at the Hospital. By November 1, 1944, all graduate nurses who were employed by the MGH had this option, and most of them chose it. The combination of increased demands for care, the long waiting lists of patients, and shortages of nursing staff placed the Hospital in a difficult position; by 1945, because of the closed floors and the resulting reduction in the number of beds, approximately 5,000 patient days and the income from them were lost. All room rates had to be raised again in this year, and a pattern was beginning to emerge. Even so, the operating deficit of \$1,000,000 was the largest in the Hospital's history.²⁰ In

1946, the daily rates had reached \$6 in the General Hospital, \$7 to \$9 in the Baker Memorial, \$11 to \$18 in the Phillips House, and \$1 per visit in the OPD.

Even when May 8, 1945 (V-E Day), and September 2 (V-J Day) came at last, the problem of staffing did not improve. When patients were asked to pay larger fees, anguish and frustration were rife among those who were responsible for providing nursing care. The Cadet Corps ceased to admit students, the volunteers had ample reason to turn to their own needs, and the graduate nurses in the military services did not flock back to the hospitals—understandably from their point of view. What a way to end a war!

The few instructors who had remained at the School and taught throughout the war quite justifiably felt that their own war effort had been of considerable importance. There was no interlude between that dizzying experience and the return to a “normal” that in fact never was recaptured.

CHAPTER 22

The Alumnae and Their Association

IN 1933, when the School reached its sixtieth year, Miss Johnson noted that its 2,281 graduates probably constituted the largest group of alumnae of any nursing school in the world. However, there were only 235 active, 118 associate, and 606 nonresident members of the Alumnae Association, a total of 959. Although the annual dues for active members were \$4.50, the Alumnae Association received only \$2.00. The plan continued whereby active membership in one's alumnae association was required for membership in the ANA and its state and district branches, and \$2.50 was distributed among them.

Since income to carry on the Alumnae Association's program and services was limited, in 1932 a finance committee was appointed to prepare an annual budget. In addition to allocations made to the standing committees for program, hospitality, and social service, a considerable allotment was necessary for the publication of *The Quarterly Record*. Annually the Association made several contributions on the national level to the Isabel Hampton Robb Scholarship Fund, the Isabel McIsaac Loan Fund, and to the National League of Nursing Education. After the Florence Nightingale International Foundation was established in 1934, it was included as well. In Massachusetts, the MGH and other alumnae associations also contributed to the support of "Fairview," the delightful nurses' vacation home in the town of Rowley, where one could relax in a country setting, recuperate from illness, or enjoy the feast provided at Thanksgiving and other holidays. From 1923 to 1945, annually an average of 300 guests from all parts of the United States experienced the special hospitality of "Fairview."

Regular meetings of the Association were held eight times a year in the Walcott House. The program committee found that the most popu-

lar speakers dealt with topics related to Medicine and Nursing, but some chairmen made a definite attempt to include subjects of a more general nature. The December meeting was replaced by the School's Christmas Candlelight Service, usually in the Moseley Rotunda, which featured a procession of students in uniform, each holding a lighted candle, and was followed by a musical program by the Glee Club. Another well-attended School function was the graduation in February. Miss Johnson encouraged class reunions at this time, and it became a custom for those graduated five or multiples of five years to return for this occasion. Gifts to the School were sometimes made by these reunioning groups.

Since so many graduates lived far from Boston, an effort was made at national conventions held in various cities across the country to assemble a group, often at a breakfast meeting. There Miss Johnson and others from the staff provided news of the School and the Hospital. To the biennial conventions of the three national organizations, the Association sent its own representative, providing a liberal sum towards her expenses. Miss Johnson's trips to New York City for board and committee meetings of the NLNE or the ANA continued to make possible similar gatherings there. These contacts afforded Miss Johnson opportunities to test ideas and to gather views from the alumnae as well as to foster support for the Endowment Fund.

During the years of the Depression, fund raising had been limited, but Miss Sleeper's "Study for the Reorganization of the Training School" (Chapter 18) rekindled efforts to attain an adequate endowment. *The Quarterly Record* for June 1936 carried an article on "The Revival of the Endowment Fund," by Anna Taylor, who, with other faculty and alumnae, initiated some projects that made modest additions to the fund. One of the most popular was MGH Night at the Boston "Pops," for which Marion Stevens (MGH 1923) and her committee sold nearly a thousand tickets in May 1936. For several years the student nurses' Glee Club participated in these concerts, which raised several hundred dollars annually until interrupted by World War II. Another committee, headed by Lillian Dobie Balboni (MGH 1910), organized a profitable Christmas bazaar in the Walcott House reception room. Thanks to these and other efforts and some bequests from grad-

uates, the Endowment Fund had reached \$79,039.16 by 1938. The sums raised seemed disappointingly meager in view of the time and energy consumed, or when compared with the alumnae goal of \$500,000 and the need for three million dollars for the School's program. In addition to increasing the Endowment Fund, the Association made several gifts to the School, which provided additional audio-visual aids, such as projectors and screens, more books for the library, and more income for the recreation fund. In 1940, when the library moved into its new quarters, the Association contributed generously towards the furnishings. The annual program for the graduating class at which there was a speaker of special interest to the seniors was continued for some years.

The most tangible and welcome evidence of the Alumnae Association's efforts continued to be *The Quarterly Record*. Graduates scattered throughout the United States and on every continent eagerly anticipated its news about classmates and friends, changes at the MGH and in the School. Information about this mobile group came largely from chance encounters and from letters, since there was no organized news gathering until later. Miss Johnson and Miss McCrae received countless letters from graduates. A random selection of four letters that they shared with *The Quarterly Record* between 1936 and 1938 provides some examples of the experiences alumnae were having in foreign lands. Helen Flanagan (MGH 1922) described her work with the United Fruit Company in Panama. Emeline Bowne (MGH 1921) was struggling to keep open a hospital in China, where she continued to work even during the bombing of the area by the Japanese. Hazel Goff (MGH 1917) had arrived in Istanbul, where she was developing a school of nursing. At the Silinda Training School in Southern Rhodesia, Helen Everett (MGH 1920) was learning some of the tribal customs and beliefs that presented problems in providing health services and nursing education. Such accounts enlivened the more pedestrian reports of the Association's routine business, and made easier the work of the editor.

For some years the publication of *The Quarterly Record* had been the responsibility of the editor and the business manager, who held full-time responsible positions in Nursing. In 1932 the formation of a *Quarterly Record* Committee to work with the editor provided welcome

assistance. Appointed its chairman, Carrie Hall, with her purposefulness and keen business sense, helped to institute a number of improvements as she worked with Melissa J. Cook (MGH 1912), the editor. In December 1932, a reporter was added to the staff of the committee so that there was less likelihood of missing important actions. In 1935 the *Quarterly*, now approaching its own twenty-fifth birthday, carried historical reviews of the Association's major achievements over the years: "Twenty Years of the Endowment Fund"; "The Sick Relief Association, 1909-1935"; "The MGH Loan Fund, 1930-1935." Also included were highlights from the Association's records and a list of the speakers at the School's graduation exercises from 1912 to 1935.

First in 1935, and then in 1940, the Association participated actively in important social events. Thoughtful and careful planning resulted in the gracious retirement party for Miss McCrae that was held on the Bulfinch lawn. In 1939 Sally Johnson's portrait was presented by the Alumnae Association to the Hospital at a time planned to coincide with the dedication of the George Robert White Building on Sunday, October 15. Contributions had been received from graduates of the School, from student nurses, from doctors and other associates at the Hospital. The portrait was painted by Emil Pollak-Ottendorff, who had recently completed one of Carrie Hall for "the Brigham." At the ceremony and the tea that followed there were more than two hundred guests. Mary E. Shepard, president of the Alumnae Association, made the presentation. Bishop Henry K. Sherrill, chairman of the MGH Board of Trustees, accepted the portrait for the Hospital. Temporarily on view the next day in Miss Johnson's attractive new office in the White Building, the portrait was permanently hung in the Walcott House reception room.

The Alumnae Association and the School wished to bring up to date the roster of all graduates, since no "Gray Book" had been published since 1930. Barbara Williams, the executive assistant in the Training School Office since 1934, diligently collected the information for the 1940 edition, the last of its kind to be published. When the data were analyzed, it was found that 1,013 of 2,772 living graduates remained actively engaged in Nursing; approximately 39 per cent were in private

nursing and another 33 per cent in teaching or administrative positions in hospitals, colleges, or universities. The positions held by the rest were divided among public health nursing (about 13 per cent), hospital staff nursing (7 per cent), such positions as office nursing and anesthetists, and studying at college for advanced preparation comprised nearly 8 per cent.

Of the 2,772 living graduates, 199 had received the diploma of the McLean Hospital School of Nursing prior to coming to the MGH. There had been 55 graduates of the Simmons College School of Nursing who held a diploma in Nursing from the MGHSN. The records showed that the first graduate of the School to acquire a doctorate was Elinor Beebe (MGH 1922), who in 1936 was appointed assistant professor of public health nursing at the Yale University School of Nursing. In all, there were 22 members of college or university faculties, with 11 holding full professorial rank. According to this Gray Book, in the classes graduating from 1920 through 1929 there were 44 students admitted to the School who held a baccalaureate degree and 2 with master's degrees; from 1930 through 1939, the total was 25 with a baccalaureate degree and 2 with a master's degree. The fortieth-anniversary survey of the graduate nurses enrolled as students in the Division of Nursing at Teachers College revealed that the group third highest in number who had received degrees over the forty years of its existence were MGHSN graduates. The number who received degrees from other colleges is not known.

Other information obtained from the School records in the mid-thirties indicated that at least 229 alumnae had served in World War I, 12 had spent time with the Grenfell Mission, and 12 had written books. In April 1938 the first MGHSN graduate entered the preparatory course to become a stewardess with American Airlines. By January 1940 she had flown 232,000 miles. She had also participated in the airline's lectures to school and hospital groups, enthusiastically describing her work and the joys of air travel. Her carefree account did not suggest the threat of war, but the June 1940 issue of *The Quarterly Record* carried

Miss Johnson's announcement that 120 nurses were needed for the MGH unit, officially United States General Hospital No. 6.

The saga of the MGH nurses in World War II has not been recorded, and only brief reference can be made to it here. More than 260 graduates of the School from the classes of 1920 through 1944 are known to have served. They were stationed across the United States from Presque Isle, Me., to Long Beach, Calif., in army, navy, and marine hospitals and at army and navy air bases. Thirteen served in the navy, one with the American Red Cross, and the others in the army. They were distributed around the world: in Canada and Great Britain, in countries with shores on the Mediterranean, in India, in the Philippines and Hawaii, in Australia and New Zealand. Of all the APO numbers, the most familiar was 764, that of the MGH unit.

After the first appeal went out in May 1940 for MGH nurses to join the 6th General Hospital, the numbers of those enrolled rose and fell as the plans of the nurses changed, often for marriage. Appeal followed appeal in *The Quarterly Record*, and by the time the United States entered the war in December 1941, a good start had been made on reaching the quota. The MGH, in terms of organization, had been charged primarily with responsibility for providing the medical, dental, and nursing professional services needed to establish a 1,000-bed hospital. Of the 120 nurses who left for active duty in May 1942, 71 were MGH graduates, and the rest were drawn from nurses who had affiliated at the MGH during their student days at Simmons College School of Nursing, the McLean Hospital school, or had become familiar with MGH practices during a year or more of staff nursing. Many Massachusetts hospital schools were represented. First Lieutenant Doris Knights (MGH 1931) had been appointed Chief Nurse of the unit. The complete roster, in addition to the 120 nurses, included 58 of the required 71 doctors, 4 dietitians, a medical social worker, physiotherapists, and dental hygienists.

In the interval between notification and departure for Camp Blanding, Fla., there was a frenzy of last-minute preparations among the members of the 6th General Hospital, now placed on active duty status. On April 26, the Alumnae Association entertained many of the nurses

at a tea in the Walcott House. Colonel Washburn and Miss Parsons brought messages from the "Unit" of World War I (Chapter 8) to the new one. Nurses of the first Base Hospital No. 6 served as hostesses. Miss Johnson cordially welcomed the nurses from other schools when she delivered the School's good wishes for all. A few days later, Betty Dumaine, who later went with the Red Cross to India, entertained the nurses with a canteen supper at the Boston headquarters of the Red Cross. Among the guests were Colonel Goethals, Captain Ruth Taylor, head of the ANC First Corps Area, Miss McCrae, and Margaret Reilly. Miss Dumaine gave a portable victrola and fifty records to the nurses, a gift that proved more valuable than anyone dreamed.

At last and too soon the day of departure arrived. On May 17, 1942, the 6th General Hospital arrived at Camp Blanding in Florida. True to the well-known slogan of the armed forces, "Hurry up and wait" now applied to the unit. There were the usual adjustments to be made to military life, which went smoothly enough. The quarters were comfortable, the food ample and of good quality, and facilities for recreation both on the post and in the surrounding area provided welcome alternatives to the drills and other routines. There were technical training and nursing assignments in the station hospital. But there was always the underlying uncertainty of just when orders to move on would be received. Morale was sustained effectively even when the weeks became months, and Christmas came. During this trying interval, Doris Knights demonstrated the qualities that endeared her to the nurses and won the respect of all. She was tolerant of human needs but firmly sensible about the ways that they should be met. With rare humor she appreciated the elements in situations that were improved by philosophical interpretation. Leadership to her meant sharing, not exacting. She was equally effective during the boredom and tension of waiting and at the height of the superhuman efforts that were required when war was a grim firsthand experience.

Orders to move finally came on January 20, 1943. The unit went from mild and sunny Florida to the chill of Camp Kilmer, N.J., where the inevitable respiratory infections made less bearable the inoculations, close-order drills, road marches, and hours of instruction on

security and censorship. During the early morning hours of February 8, 1943, divided into smaller groups for the trip overseas in six different ships of the convoy, the 6th General Hospital sailed out of New York harbor bound for an unknown destination, and spent eleven days at sea. Telegrams from the Red Cross and various individuals notified those at home of their safe arrival on February 19 in Casablanca in North Africa.

There work was in progress on several buildings that were to serve for a hospital. The first patient was admitted on February 27. The official bed capacity rose from 78 to 1,263 between March 1 and June 19. Patients came from local units, by airplane convoys, and by hospital-train convoy. In May 1943, combat operations in North Africa came to an end; however, the 6th General Hospital remained for another twelve months. In all it received and treated over 18,000 sick and injured patients. It became apparent that the preliminary training received at Camp Blanding, added to the high caliber of the medical and nursing staffs, resulted in superior care.

In this site on the Atlantic coast of Morocco, the climate allowed plenty of outdoor recreation, though Eleanor Pittman (MGH 1925), the unit's nurse-reporter, noted that they found the heat more enervating than a Boston summer. Bicycling, swimming, and horseback riding were popular, and shopping provided interest and challenge. For the first six weeks the nurses had been billeted in a school, so that the move to a newly constructed apartment building was welcomed. As Dr. Goethals pointed out, the wartime pendulum swung from morbid inaction to hectic action. In a letter written in May 1943 to Dr. Faxon, Dr. Goethals reported that Doris Knights had been promoted to captain, a promotion well deserved in his view since "she has run her service superbly and has met the slings and arrows of administrative vicissitudes with unfailing intelligence and understanding."¹ She gave full credit to the praiseworthy efforts and splendid attitudes of the nurses who worked so well under a wide variety of conditions. Only to these nurses and some back home fortunate enough to share the lighter moments are most of the anecdotes known, though Helen Coghlan's encounter with General George Patton has cheered many.

Early in 1944, with Sicily long since invaded and occupied, and with

the Fifth Army action in Salerno completed, the 6th General Hospital began to wonder when it would ever become involved again in major action. In mid-May the Hospital left Casablanca for Oran and early in June landed in Naples to proceed to Rome. The location of the new hospital was in the country, once again in school buildings. By June 29, 1944, 219 of 1,382 beds were occupied; operating rooms, clinics, pharmacy, X-ray, and laboratory facilities were in order. For five months here, more than half of the admissions involved the treatment of battle casualties. Well-earned recreational detached service made it possible for members of the unit to become acquainted with Rome, Naples, and Capri. Just before Christmas 1944, most medical officers and nurses were assigned to detached service with other units, while the 6th General Hospital remained inactive as a unit. From then on there were many special assignments, changes, and promotions. In March 1945, Colonel Goethals was transferred to the command of the Lovell General Hospital in Ayer, Mass., and a succession of commanding officers took charge of the unit. When Bologna was liberated, the 6th General moved to its third and last installation under the command of Colonel W. C. H. Prosser. Soon came the German surrender, and many of the patients during the summer were prisoners of war. On September 15, 1945, the 6th General Hospital was formally inactivated at Leghorn, Italy. From Camp Blanding to Bologna, now Lieutenant-Colonel Doris Knights had been Principal Chief Nurse. Among others in the unit who were reassigned or transferred, she was relieved for reassignment to Lovell General Hospital in June 1945, after completing an arduous tour of duty for which she received highest praise from Colonel Goethals. She was the second MGH nurse to attain such high rank. Kathleen Atto, Chief of Nursing Service in the Second Service Command, was the first MGH nurse in the Army Nurse Corps to reach this rank.

Many other nurses were in service in the Pacific area. One, a flight nurse, Mary F. Reardon (MGH 1940), was based in the Marianas. During a period of eighteen months, she had helped with the evacuation of patients from Tarawa, Kwajalein, and Guadalcanal to Hawaii on unbroken flights as long as thirteen hours. Helen Oakes Chadbourne

(MGH 1932), a captain ANC, became chief personnel officer for all ANC personnel in the Southwest Pacific area. Earlier assigned to the 10th Evacuation Hospital, she had spent fourteen months in New Guinea and subsequently eight months in Brisbane, Australia, where she became Chief Nurse. During the invasion of the Philippines, she was Assistant Chief Nurse in the Leyte sector.

It is regrettable that few accurate records seem to exist; they would have provided information about the many citations and medals presented to MGH nurses during World War II. However, at home as well as abroad, countless alumnae earned recognition for their unselfish devotion to the tasks that had to be accomplished. Without thought of award or reward, they contributed significantly to the total effort that finally culminated on V-J Day, September 2, 1945.

Between 1940 and 1950 a number of significant innovations were made, beginning with the incorporation of the Alumnae Association in 1940, which allowed it to receive legacies and gifts in its own name. The 1,168 members in good standing on November 26, 1940, became members of the corporation. In 1941 the name of the loan fund was changed to the Annabella McCrae Loan Fund.

Although the Association continued its program, fund raising, and committee activities throughout the war, some efforts were necessarily curtailed. For example, the annual MGH night at the "Pops" was given up until 1946, though from it several hundred dollars a year had been realized for the Endowment Fund. In 1946, the Endowment Fund passed the significant milestone of \$100,000.

Action taken by the ANA in the fiscal year 1945-1946 separated all alumnae associations from the national, state, and district relationship hitherto maintained. At once the future of the MGH Alumnae Association was in question since considerable leverage for membership was lost by this step. Compared with alumnae associations of similar size in women's colleges, the MGH Association lacked the organization and facilities that helped to sustain and build strong relationships between a school and its graduates. At the MGH there was no alumnae office or reception area, no secretary, and not even a workable plan whereby

inquiries about membership or lost *Quarterly Records* could be handled efficiently, and the mailing list kept as up-to-date as possible, considering the mobility of the members. The editor of *The Quarterly Record* and the associated committee had borne much of this responsibility. Melissa Cook (MGH 1912), the editor from 1933 to 1936, and Dorothy Tarbox (MGH 1915), editor from 1937 to 1946, had both held responsible, full-time administrative positions in hospitals during their terms. During World War II, the very publication of *The Quarterly Record* was a remarkable achievement, and at its end Miss Tarbox asked to be relieved of this demanding work.

In 1946 the Association was extremely fortunate to secure Vieno T. Johnson (MGH 1929) as editor. A young woman with imagination, talent, and courage, "Johnny" had demonstrated some of her abilities as student assistant in the science department of the School in her senior year. Some years after graduation she was afforded the opportunity to study at Radcliffe College, from which she received a baccalaureate degree. She had been interested in many fields outside of Nursing; writing and editing appealed to her, so she accepted the editorship of *The Quarterly Record* with no routine approach in mind. She considered the Association and its publication from the point of view of other vigorous and successful alumnae organizations, and recognized the necessity for sound public relationships. She used alumnae meetings and *The Quarterly Record* to explain her ideas and to seek reactions to them. Many members were in agreement with the proposals that she made, because of their own experience and knowledge. In the three years that she was editor, meetings were enlivened and actions stimulated. As Miss Sleeper shared with the Association the evolving plans for the School, interest was generated and the challenges to the School's future became better appreciated. In 1947 the Association gave the School \$1,100, specifying only that Miss Sleeper should use it in whatever ways she found appropriate.

In June 1947, 446 graduates of the School from the class of 1888 to the class of 1946 returned for the first postwar homecoming. On Saturday, June 14, there were conducted tours, films and teaching aids to see, and

a lecture and demonstration in the upper OPD amphitheater. The luncheon on the Bulfinch lawn was provided by the MGH Trustees. Dr. Oliver Cope of the MGH Staff spoke at the dinner that evening, held at the Hotel Vendome. On Sunday, time was left free for the classes to hold reunions; both Miss Johnson's (1910) and Miss Sleeper's (1922) classes had dinner meetings. Accounts of the reunions supplied later to *The Quarterly Record* revealed the enthusiasm of those who attended.

By 1949, through the efforts of Miss Sleeper, the Association's board of directors, Vieno Johnson, and others, the Alumnae Association acquired Room 114 in Walcott House for an office. Margaret Murray Matthie (MGH 1927) had become part-time alumnae secretary and chairman of the new Ways and Means Committee, which served for all fund raising. Class secretaries had been stimulated to help provide more news for the *Quarterly*. Through the annual election of a representative to the School's Advisory Committee, more members shared in considering the School's progress and dilemmas. Alumnae Day, soon known to all as Homecoming, had become associated with graduation.

In 1948, the 75th anniversary of the School provided a special incentive for graduates to return. A three-day program, June 11-13, included the graduation exercises, anniversary observances, and a tribute service to Annabella McCrae, who had died in February 1948. The innovation of a June graduation, after forty-five years of bleak or stormy February days for the exercises, was made possible by the revised curriculum plan that was to go into effect in September 1948. Graduation was held in the Bulfinch yard; School officials and the speakers were seated in front of the Bulfinch Building, and microphones made it possible for the large audience to hear clearly. It was particularly fitting that the principal speaker was Nellie X. Hawkinson, now dean and professor of nursing education at the University of Chicago, since she had contributed so significantly in the twenties to the progress made in the School's educational program. In her address, "Society's Challenge to Nursing," she had selected the most timely and pertinent of topics for this period of pressures and changes in Nursing, and one which by her own extensive involvement in national Nursing efforts she was exceptionally qualified

to discuss. Changes in schools of nursing, she stressed, must be made in terms of a social aim of nursing education if such schools existed because of society's needs for nursing service. Continuous professional development was essential more than ever before if nurses were to be prepared for the leadership roles of the future.

On the same program, Dr. Faxon spoke on the "Contribution of the School of Nursing to the Development of the Massachusetts General Hospital." He pointed out that schools of nursing during the last seventy-five years had played an increasingly important role in advancing the efficiency and application of medical discoveries and in the development of the modern hospital, none greater than at the MGH School:

To sum up, the first and foremost contribution of the School of Nursing to the Massachusetts General Hospital during its seventy-five years has been the providing of the increasing numbers of nurses necessary to operate the hospital. The graduates and under-graduates of its own School have made possible the MGH as it exists today. The modern hospital without the modern nurse is unthinkable, and I trust there will always be an MGH School of Nursing.²

In the evening, the anniversary meeting was held in the Moseley Rotunda. The first of the three speakers was President Bancroft Beatley of Simmons College, who spoke about trends in vocational education for women. "Concerning Opposition to Progress" was the topic challengingly presented by Dr. Henry K. Beecher, Chief of the MGH Department of Anesthesia. In her speech, Ruth Sleeper traced the development of the School's curriculum from the first pioneering step taken to provide a new career for women, in 1873, to the curriculum of 1948. She showed how responses to evolving medical practice and hospital care had inevitably affected nursing service and therefore nursing education. Her judicious selection of illustrations of changes in nursing practices and their impact on the knowledge needed by student nurses provided a distillate of the experience of the generations of graduates in the audience, and brought either knowing smiles or looks of astonishment to their faces. The early period of relatively limited opportunities for graduate practice and the narrow scope of nursing care were contrasted with the dimensions and opportunities of the present-day gradu-

ates, whose work might take them far from the MGH and into the broad concerns of the day that dealt with the health and social welfare of individuals and communities. Her paper, entitled "The Two Inseparables—Nursing Service and Nursing Education," contains what is still one of the best accounts of the changes in nursing practice in the first three-quarters of a century of the School. At this same anniversary meeting, Miss Mary Wheelwright, the daughter of Mrs. Sarah Cabot Wheelwright, reminisced about her mother's efforts as one of the founders of the School.

The following day, after tours and demonstrations in the morning, the alumnae were the guests of the Trustees at a luncheon served in the nurses' dining room in the White Building. The afternoon lectures dealt with the care and understanding needed by arthritic patients, as viewed by Dr. Alfred O. Ludwig, associate psychiatrist at the MGH. The anniversary dinner that evening at the Hotel Vendome was a gala affair at which Miss Parsons, Miss Wood, and Miss Johnson were special guests.

Sunday afternoon was devoted mainly to a memorial service for Miss McCrae. Dr. Edward L. Young, who had known Miss McCrae since the days of his internship in 1910, presided. Dr. Joseph C. Aub, Helen Wood, Sylvia Perkins, and Martha Ruth Smith paid tributes to her for the medical associates, the alumnae, the School of Nursing, and the professional associates in the community. Farewells and promises to return soon filled the Walcott House reception room where tea had been served following the service. Other classes were stirred to make plans for their own 25th anniversary by the example of the class of 1923, which had fitted into the full schedule a "bruncheon" on Sunday at the Parker House.

The idea caught on, and the next year the Class of 1924 continued the practice. In addition to their \$50 donation to the School, they suggested that other twenty-five-year groups might like to adopt the plan that they had devised. The class voted to pledge, as individuals, certain amounts to the School to be spread over the years in annual donations. An Alumnae Fund was started in 1949. Regional clubs of MGH graduates, organized more or less informally, had been formed early in the New York City area. In 1945 the Worcester County (Mass.) Club

started its thriving existence. In June 1949 the first meeting of the Southern California group was held. Some of the group meetings were informal reunions; others had speakers regularly. Practices varied, but some clubs made donations to the School, a mark of interest that was greatly appreciated. A scholarship fund in Sally Johnson's name had been started, and gifts were often specified for it. The Dime-a-Year Fund, started in September 1946 to raise money for the Endowment Fund, had grown to \$756 by January 1949.

As the strain of the war years was replaced by the need for dogged endurance to go on amid change, confrontation, and shortages of personnel wherever nurses worked, there was nevertheless both in the School and the Alumnae Association the promise of improvements and of moving ahead.

CHAPTER 23

The Quest for a College Relationship

BY the time the MGH School was accredited by the NLNE in 1940, the faculty had been able to realize only a few of the recommendations of the 1939 Study for the Reorganization of the Training School, and the goal of a \$3,000,000 endowment was as remote as ever. With the new decade, the formidable pressures of the war years began to be felt, but Miss Johnson, with a sense of increasing urgency, had continued to push for improvement of the School's program. Applicants had declined in number and quality, and some MGH graduates were finding themselves at a disadvantage in competition with the growing number of alumnae of collegiate nursing schools. Working with the Ladies Advisory Committee, she and Miss Sleeper convinced Dr. Faxon and the Trustees that a college relationship should be sought. From 1940 on, they continued to explore ways and means of developing a college affiliation, and some equally taxed administrative officers and faculty members in the various colleges and universities approached gave careful consideration to the proposals. This joint effort culminated in 1945 when Radcliffe College and the MGH School of Nursing announced the Coordinated Program.

This arrangement evolved by a circuitous route. As an aid to understanding its course, some information about what was involved in setting up a college program for nurses may be in order. After its formation in 1933, the Association of Collegiate Schools of Nursing had established standards for active or associate membership. Twenty-six colleges or universities had developed programs that admitted them to active membership, and five more had achieved associate status. Nearly one hundred other institutions of higher learning were in the process of developing basic or advanced programs. The relatively small school of

nursing at Simmons College remained the only one in Boston that prepared students of nursing at the baccalaureate level, and the need for another college program was recognized. A committee, of which Ruth Sleeper and Martha Ruth Smith were members, had succeeded in setting up a plan within the School of Education at Boston University for graduate nurses who wished to continue their education; it was to direct this program that Miss Smith left the MGH.

Despite a series of articles in the *American Journal of Nursing* and discussions at conventions over a period of nearly three decades, not many people concerned about Nursing seemed clearly to understand the philosophy, purposes, and standards of collegiate nursing schools, or perhaps fear and distrust blocked dispassionate consideration. Advocates of sound programs that would lead to a baccalaureate degree argued that educational standards must be raised if nurses were to carry out their functions at a professional level. They urged that Nursing move into a system of professional education that would strengthen the scientific content of the instruction, deepen social understanding, and provide general cultural background in addition to the necessary technical training. The nursing student should study the social sciences (history, sociology, economics, psychology) to comprehend the nature of social problems and how societies have tried to solve them; the economic and political concerns that affected them both as citizens and in their professional capacity; and the dynamics of human behavior and interpersonal relationships. Courses in the humanities, such as philosophy, religion, fine arts, languages, and literature, would contribute to the student's personal growth. For competence in her professional field, the student also needed to acquire a solid body of knowledge of the sciences on which Nursing is based, a scientific attitude and an ability to apply the scientific method to the solution of problems, and mastery of the skills and clinical techniques associated with nursing practice.¹

Only the faculty and the educational resources to be found in an academic setting, it was argued, could provide such a breadth and depth of knowledge. Moreover, a college program would be free to plan the curriculum without giving first priority to the nursing service needs of the hospitals and other agencies in which nursing experiences were to be

gained. The selection of students would be determined solely by the academic standards of the educational institution and the purposes of the nursing program, as defined by the Association of Collegiate Schools of Nursing. The policies and standards specified by the ACSN were designed to make sure that the collegiate nursing school would be organized and conducted on an equal basis with other departments or schools in the college or university, so that students of Nursing might receive the same educational benefits. All control would be centered in the college, which would finance the school and place the responsibility for its conduct in the dean (chairman, or director) and the faculty, who must be employed by the college on an equal basis with faculty in other schools, possess comparable qualifications for college-level instruction, and maintain the general standards of the institution. The curriculum would reflect the college's requirements for distribution of courses, as well as the needs of a nursing program in which each course would contribute to professional competence and serve as a basis for advanced study. Whether or not the hospitals and other agencies utilized for clinical experience were controlled by the college or university, the college would be responsible for these aspects of its students' educational program and would determine whether the practices within those institutions created desirable learning situations. To clarify the responsibilities of the college and the agencies to each other, contractual agreements were recommended. It was considered preferable that the students reside in college dormitories, but if a hospital provided housing and meals, the college was to pay for these services rather than have the students pay by giving nursing service.

A number of roadblocks stood in the way of establishing collegiate programs. The expense of four or five years of college education, with summers rarely free for earning money, was prohibitive for many students. Sources of scholarships were often limited, and standards for admission were so high as to eliminate many interested candidates. In some cases the number of students admitted might be restricted in order to keep the size of the school roughly the same as others in the same institution. Colleges that were not tax-supported were apt to be hesitant about adding a new department or school. Even if money were not a

problem, the purposes of some institutions as conceived by their trustees and faculty could block the introduction of any program with a vocational component. The MGH encountered many of these problems in its quest for a college relationship.

Ever since the mid-thirties, efforts had been made to develop the MGH School, with results that have been reviewed here. The need was brought home vividly to Miss Johnson and Miss Sleeper each time they learned at a national convention of progress in nursing schools across the country, whether the change concerned an entrance requirement of two or more years of college or the establishment of a cooperative program between a college or university and a hospital-conducted school of nursing.

In May 1940, a new effort began at the MGH. This time Miss Sleeper and faculty members Anna Taylor, Florence Kempf, and Daphne Corbett presented to the Ladies Advisory Committee what they saw to be the advantages of a collegiate school of nursing. To make the transition from a diploma to a degree program would take three years. Miss Johnson felt that certain long-desired and essential changes, such as shorter hours and more student affiliations in psychiatric and public health nursing, should go into effect at once. The meeting discussed setting up an admissions requirement in 1942 of one year of college, and in 1943 increasing this to two years, while stepping up recruitment among college students. In September 1940, 50 per cent of the entering class had some college education and 18 per cent had three or four years of college. Among other old and distinguished schools, however, Johns Hopkins was attracting a considerably larger number of these candidates, and the Bellevue Hospital school had recently set up a plan with New York University. The MGH School was at an increasing disadvantage in competing for mature, educated students and for the best positions for graduates; those from college programs were being given preference in some key posts.

Miss Johnson's plan was to release Miss Sleeper to collect information about the various college programs and the professional activities of their graduates. She wished also to bring to the MGH for consultation

Nellie Hawkinson, Effie Taylor, and Annie Goodrich, all leaders in collegiate nursing education. The data thus accumulated would then be ready for discussion with Presidents Comstock of Radcliffe College, Conant of Harvard University, and Compton of the Massachusetts Institute of Technology. But before these steps could be taken the national defense program intervened, with its incessant demands on Miss Johnson and Miss Sleeper both at the MGH and in Nursing organizations. The efforts to recruit continued, and students from Wellesley and Radcliffe colleges and Westbrook and Colby junior colleges, for example, visited the Hospital for discussions, demonstrations, and tours. Miss Johnson had hoped to present a college plan at a long-overdue meeting of the School's Advisory Committee, but discussion of adjusting the present curriculum to the proposed pattern for national acceleration of nursing education took priority.

In May 1941 occurred the first of a series of conferences in which various members of the Harvard University constellation became acquainted with the MGH's aspirations for its School of Nursing. On this occasion Dr. Faxon, Miss Johnson, and Miss Sleeper opened discussions with Miss Comstock at Radcliffe College. There appeared to be some possibility of working out a program, but any proposal would require the approval of the Radcliffe Trustees and the Harvard Board of Overseers. The full cooperation of the Harvard Medical School was seen to be a necessity. Radcliffe College granted only liberal arts degrees, and its charter required that entrance requirements, the plan of instruction and courses of study, and requirements for the B.A. degree be identical with those of Harvard College. The general policy at both Harvard and Radcliffe was for all professional preparation to be on the graduate level. It was felt that Radcliffe alumnae had little interest in undergraduate education of a vocational nature and would doubtless oppose a plan for nursing instruction.

This meeting led to another in July 1941, at which Dr. C. Sidney Burwell, dean of the Harvard Medical School, joined Miss Comstock, Dr. Faxon, and Miss Johnson. Dr. Burwell saw the need for graduates of both three-year and five-year college programs; some nurses with a broader foundation of general education might assist the physician in

the more advanced and specialized practice of medicine. He undertook to discuss the matter with the Board of the Medical School and certain members of its faculty, including Dr. James H. Means, Chief of Medicine at the MGH and a member of the School's Advisory Committee. That fall Miss Johnson reported these developments to the Ladies Advisory Committee, but by this time the impending war was uppermost in everyone's mind, and the MGH unit, air raid precautions, and problems of nursing staff and salaries once again pushed aside consideration of the School's future development.

In the late spring of 1942 Miss Johnson and Miss Sleeper again returned from a convention. The MGH alumnae present had been consulted about their choice of plan and college. Not surprisingly, in view of the Hospital's historic connection with the Harvard Medical School, they had unanimously expressed a preference for Harvard. At a meeting of the Advisory Committee to the School of Nursing in June, Miss Sleeper presented the case for an academic affiliation leading to a bachelor's degree, and pointed out the problems involved in continuing to be a good hospital school. Since it would be impossible in wartime to reduce the supply of nurses to the Hospital and to the armed services, it was proposed to offer both types of program. This would mean additional expenses for more teachers and supervisors and financial assistance to students, and would clearly necessitate an endowment. The Advisory Committee voted "that the School should seek an affiliation with an educational institution which has power to grant an academic degree to graduates of the School."² To direct this undertaking, the Trustees then appointed a committee consisting of two members of the Advisory Committee, Betty Dumaine, its chairman, and Dr. Means; two members of the Ladies Advisory Committee, Mrs. Homan and Dean Mesick of Simmons College; and Dr. Faxon, Miss Johnson, and Miss Sleeper *ex officio*. Later additions were Francis C. Gray, another Trustee; Frances R. Jordan, formerly a dean of Radcliffe College, whose husband, W. K. Jordan, became Radcliffe's president in 1943; and Helen Wood as a representative of the alumnae.

In December, members of this committee met to review communications received from Miss Comstock and Dr. Burwell in which they

indicated general acceptance of the idea of a Radcliffe affiliation but pointed again to obstacles in university policy. Mr. Gray then conferred with Dean Chase of Harvard, in the absence of President Conant, who was away on wartime business; in January 1943 word came, and was relayed by Miss Johnson to the Ladies Advisory Committee, that President Conant was not then interested in vocational education, but that the question might be reconsidered after the war. In March, one more effort was made within Harvard University when Dr. Means discussed the possibility of an affiliation with the Harvard School of Public Health, conferring with Dr. Cecil K. Drinker, professor of physiology there, who had just been appointed research consultant at the MGH. Meanwhile Deans Burwell and Chase agreed to give further consideration to the MGH School's proposal.

There matters stood as spring gave way to summer. The class entering in September 1943 had fewer students than before with two years of college. Twenty-four more schools of nursing had recently made college affiliations, including one at the University of Maine, which perhaps helped to account for the fact that fewer Maine girls were applying to the MGH. After discussing the situation with the Alumnae Association's board of directors, Miss Johnson was authorized in October to form a committee, on which she and Miss Sleeper would serve. Miss Sleeper proposed that in addition to re-activating consideration of the proposal at Harvard, thought be given to informal explorations with the Massachusetts Institute of Technology, Wellesley College, Simmons College, Northeastern University, and Massachusetts State College in Amherst; the pros and cons of affiliation with each of these institutions were discussed.

By this time Professor W. K. Jordan of Harvard had succeeded Miss Comstock as president of Radcliffe College, and in November Mrs. Jordan, a former member of the Ladies Advisory Committee, came to the School to review with Miss Johnson the progress made thus far. Conversations with Radcliffe administrators continued through the winter, but after President Jordan had discussed the matter with officers at Harvard, it was concluded that no arrangement could be made. The major obstacle was that neither Harvard nor Radcliffe believed in pro-

fessional education at the undergraduate level; a minor complication was that Radcliffe had no instructional staff of its own, all instruction at the college being given by Harvard faculty. Any plan acceptable to Radcliffe (and Harvard) could give no credit for classroom instruction or field experience provided by the School of Nursing; administrative officers of Radcliffe who were appointed to a joint committee could provide no supervision over the students' program at the Hospital; and the college could give no academic standing to any member of the School's faculty, whatever her academic preparation might be. Under these conditions a joint program would not be eligible for any type of membership in the ACSN, its appeal for nurse faculty would be limited, and there would be no means of applying much-needed college standards to the School of Nursing. Moreover, no more than twelve Radcliffe students could be admitted each year. These many drawbacks seemed to rule out the possibility of a Radcliffe affiliation.

Attention was then turned to Wellesley College and the Massachusetts Institute of Technology. Rounds of conferences and discussions ensued. The officers and faculty members of each institution considered the proposal. But at Wellesley once again the MGH was dealing with a college with an old liberal arts tradition which gave no B.S. degree. Wellesley was unwilling to grant credit for nursing experience or for courses not taught by its own faculty. Wellesley students seemed little interested in undergraduate vocational education; costs and admissions standards were high. Nevertheless, the proposal was carefully considered and brought to the faculty for study and a vote. In October 1944, the college trustees voted unanimously not to undertake a nursing program because they believed that Wellesley should remain a purely liberal arts college and concentrate its resources towards this end.

At MIT, Professor Francis O. Schmitt, a Hospital Trustee, was made chairman of a committee to consider affiliation with the School of Nursing. Careful consideration by the committee and the MIT senior faculty resulted in another negative response, related in this case to the high admissions requirements in science and other fields, and the demanding science and mathematics courses required for their B.S. degree. Women who entered MIT, it was felt, were likely to be more in-

terested in scientific careers, sometimes in Medicine, than in Nursing.

Meanwhile, in October 1944, Miss Johnson and Miss Sleeper had begun exploratory discussions with President Daniel L. Marsh of Boston University. Since BU had instituted a program under Martha Ruth Smith's direction in 1939, President Marsh was familiar with nursing education at the collegiate level and receptive to their suggestions.

In this case, however, a whole new set of problems was involved. Boston University had its own School of Medicine with its own teaching hospital, which conducted a school of nursing, the Massachusetts Memorial Hospital, where Margaret Dieter (MGH 1916) was superintendent of nurses and principal of the school. President Marsh appointed a committee that included some BU trustees and medical school faculty. Their immediate concern, the role of the Massachusetts Memorial Hospital School of Nursing, was removed by Miss Dieter's statement that the time was not yet right for her school to undertake a college program. The BU School of Medicine faculty, however, did not wish to rule out this possibility for the future. The MGH School, on the other hand, did not wish to become one of several schools of nursing associated with BU; it wanted to preserve its own identity, in an arrangement in which it would share equally with BU in the control of a joint BU-MGH school of nursing.

As they reviewed possible plans, Miss Johnson, Miss Sleeper, and some of the alumnae felt that opportunities to strengthen the three-year school were as important as the introduction of a five-year plan leading to a degree. Conceivably this could mean dealing with 100 students in a five-year program and another 300 in a three-year program, all in some way to be part of this BU-MGH joint plan. President Marsh asked the MGH to submit a definite proposal with specific suggestions for organization, financing, and curriculum.

Somehow Miss Sleeper found time to work out details, visiting some college programs in New York; and Effie Taylor, the former dean of the Yale University School of Nursing, came to the School for consultation. Members of the MGH committee considered the various findings. In the interval, conferences were held at BU in an attempt to determine what courses, existing or new, should be included in the curriculum and

to work out arrangements for the use of faculty which affected the budget and the organizational plan. By March 1945, Dr. Faxon was able to discuss details with President Marsh. The recommendations were then transmitted to the BU special committee, which considered them carefully and reported criticisms which President Marsh transmitted to Dr. Faxon in May. The proposal called for dual control of the administrative and instructional staff of the School by BU and by MGH, but the nurse educators at BU felt that this arrangement, making the dean of the school of nursing responsible to two masters, was not feasible. The committee agreed, insisting that the ultimate responsibility for instruction should reside in the president of the university, not in the director of the hospital. It also questioned the wisdom of BU's assuming responsibility for a three-year nursing program for which no degree would be granted, and stated that the university could not be committed to establishing a school of nursing with one hospital exclusively. The report concluded with the thought that "possibly the time had come to consider establishing a University school of nursing which would enlist the cooperation in the clinical aspects of the program of the MGH and other accredited schools of nursing."³

The MGH was not ready to give full control of its School to a university or college, and informed President Marsh that further exploration of alternatives was needed. No plan was ever developed between these two institutions, and in 1946 BU did establish its own school of nursing with Martha Ruth Smith as dean.

During the period in which the discussions with BU took place, one association with a college was arranged. Hood College, a woman's liberal arts college in Frederick, Md., approached the MGHSN concerning an affiliation for those of its students who were interested in Nursing. Their former association with the Johns Hopkins Hospital School of Nursing had been withdrawn due to the many adjustments that the war years brought.

The plan arranged by Hood and the MGHSN was similar to the School's plan with Simmons College that ended in 1934. Students who completed two years of study at Hood College and the regular three-

year program of the MGHSN were awarded the bachelor of science degree from the college and the diploma from the MGHSN. The relationship with Hood commenced in 1945 and ended when the last group graduated in 1962. Although the number of Hood students to enter the School's program each year was never large, among them were some of the School's most competent and delightful students.

When it became apparent that conflicting views would prevent the realization of a plan with Boston University, thoughts again turned to Radcliffe College. President Jordan had expressed sincere regret when earlier attempts failed to produce a program acceptable to both Radcliffe and the MGH, while Mrs. Jordan's interest in the future development of the School had never wavered, and she had again become a member of the Ladies Advisory Committee. The School began a second series of discussions with President Jordan in June 1945.

Charting a course that would combine under joint direction a Radcliffe liberal education with a superior program in Nursing to be conducted at the MGH School proved to be a complex task. The requirements and opportunities of each had to be fitted into a time span that would be tolerable to the candidates and would do justice to all aspects of the educational program; a period of five and one-half years was decided upon. Radcliffe students must be able to choose freely among the college's twenty-five undergraduate fields of concentration; "no pre-professional courses were to be included which might in any way limit the breadth of general education."⁴ Nor would there be any relaxation in standards by the School of Nursing, although no college credit would be given for any part of the program taken there. Those who completed the course would meet all of the requirements for the Radcliffe A.B. or S.B. degree and be eligible for licensure in Nursing. The preclinical sciences basic to Nursing must somehow be fitted in during the college years. A full year of inorganic chemistry was available to Radcliffe freshmen, but there was not a comparable foundation in biology. Thus the School of Nursing must teach applied courses in advanced chemistry, anatomy, physiology, and microbiology. Specific Radcliffe

courses in the social sciences could not be required though they could be recommended.

It was evident that during their years at the college the Radcliffe students must in some way begin their acquaintance with the dimensions of professional nursing and the opportunities in the field. Also, some elementary nursing must be included then if all of the rest of the nursing curriculum were to be fitted into two calendar years. No plan would be acceptable to the School that did not include psychiatric and community health nursing as well as the four other areas of nursing. In addition to curriculum planning, questions arose regarding admission requirements, financial arrangements, scholarships, tuition, fees, and residence. Unforeseen problems arose and were ultimately solved. As Miss Johnson stated in 1945, "Everyone concerned knows that any plan must be fluid."⁵ If there was to be one predominating characteristic of this program in the twenty years of its existence, it was surely the flexibility that permitted experiment and change.

The summer of 1945 included an unbelievable number of conferences and much midnight oil was burned as the plan was hammered out. Representatives of the NLNE had conferred with President Jordan and Miss Sleeper. Approval of the program was received from the state boards of registration of nurses of Massachusetts and New York. On September 10, 1945, the Radcliffe College Council voted to authorize the plan, and it was ratified at the September 21 meeting of the Trustees of the MGH.

In October came announcements to the press by Radcliffe's Office of Public Relations and the preparation of an attractive brochure for distribution to candidates and others who were interested. By a happy coincidence, Miss Johnson was able to distribute copies of this brochure to the members of the Ladies Advisory Committee on the very day that she announced her resignation from her position as Director of the School of Nursing and Nursing Service. In its annual report, the Ladies Advisory Committee recorded,

In the opinion of this committee, the arrangement with Radcliffe College, for a coordinated program leading to a Radcliffe College degree and a MGHSN diploma, marks this as an outstanding year in the history of the

School from an educational standpoint. We feel, further, that this development is in great measure due to Miss Johnson's persistent efforts in this direction and is a fitting climax to her long and successful career as the Principal of the School of Nursing.⁶

Miss Johnson had caused the publication of the Fall 1945 issue of *The Quarterly Record* to be delayed until the announcement of the Coordinated Program could be made. As the alumnae and her colleagues in Nursing learned of this accomplishment, she received congratulatory messages and inquiries. In her last annual report to the Trustees, she said that "there has been no more important step taken in the long history of this School. There was no happier day than that day in December (1945) when for the first time in several years we were again in a position to tell a visiting alumna that we do have for her daughter a program leading to a degree from an educational institution and a diploma from this School of Nursing."⁷

Radcliffe College soon received more than a hundred inquiries. Next began the reviewing of applications and consideration of applicants by a joint committee from the college and the School of Nursing. Simultaneously there began the continuing process for the members of both groups in which educational practices, values, attitudes, and even vocabulary were considered in a new frame of reference. Finally, in September 1946, the first class was admitted.

The making of the "inevitable modifications" prophesied by President Jordan, the development of the program, the dilemmas it presented, and the successes it enjoyed are described together with other college plans in Chapter 29.

CHAPTER 24

Miss Johnson Retires

AS she approached the time of retirement, Miss Johnson could look back on years of solid accomplishment at the School, both before and after she became its Principal.

Since 1896, when the independently organized and administered Boston Training School for Nurses had come under the control of the MGH—a private, voluntary hospital dependent for its financial support upon fees paid by its patients, endowment, and private gifts—the School had been supported by its very modest tuition fees and by Hospital funds. Students helped pay for their education and maintenance by providing nursing services. Nursing education and nursing service were thus inextricably interwoven, and though some cost studies were made, the expenses of each were not clearly and separately identified. As we have seen, in the thirties Miss Johnson and her associates had begun the endeavor to attain a Nursing Service that would be free from undue dependence on the School, and to improve the educational program. When raised to appropriate levels, both Service and School were costly, and finding a single source of support presented a dilemma for all concerned, especially for the person who held the dual position of Superintendent of Nurses and Principal of the School. Under pressure to bring about changes and improvements on the one hand, on the other she ran up against obstacles to progress from sources both within the Hospital and far beyond its walls.

Voluntary hospitals were faced with a host of growing problems in the quarter century 1920–1946, such as increased public use, the need to expand and modernize facilities, rising costs of salaries, services, and supplies, the impact of depression or inflation. Benefactors were more interested in new structures for the care of patients than in a remodeled

Out-Patient Department or a building to house the School's educational facilities. For graduate nurses, salaries were improved, and cash payment had replaced the previous combination of maintenance and pay. As the Hospital gradually permitted the reduction of working hours, more nurses had to be employed. Hospital income fluctuated with economic conditions and the patients' ability to pay; it should be recalled that a nonprofit hospital makes many helpful adjustments for patients unable to pay their complete bill. Needs always exceeded income, as every Hospital department and group made known its wants. Largely because of increases in salaries, wages, and the cost of supplies, between 1941 and 1947 the Hospital's operating deficit had risen to \$1,083,664.¹ Under these conditions of financial stringency it was extremely unfortunate that some wards and floors in the General, the Baker, and the Phillips House had to be closed temporarily because of a shortage of nursing personnel.

In the School, the faculty were unable to realize some cherished objectives because sufficient funds were not forthcoming from the Hospital Trustees. The devoted efforts of the Alumnae Association to build up an endowment fund to provide greater financial latitude in the conduct of the School continued to be less successful than had been hoped. The uninformed public assumed that the Hospital was providing all of the support necessary, and government funds for nursing education became available only during World War II. The development of the School, its achievements and limitations, need to be viewed with these considerations in mind.

The School remained one of the largest and most eminent among those conducted by hospitals. Its graduates held responsible positions in hospitals, schools of nursing, other community agencies, and in various organizations. They were known in all parts of the world for their contributions in the field of Nursing. At a time when a nurse with a doctorate was a rarity, there were several among the School's alumnae; many other alumnae had earned master's or bachelor's degrees. In 1941-1942, of the ten members of the School's faculty who gave full time to the School, five had earned a master's degree, an unusual number for a hospital school at that time. There were also six supervisors who partici-

pated in the clinical classroom and ward instruction, as well as other teachers and many lecturers. With only two classes admitted each year, the preclinical period had been lengthened and a somewhat better balance had been achieved between the hours taught in the preclinical and the clinical terms. The teaching load of the preclinical instructors had been reduced: before 1929, three graduate nurse instructors had carried the entire responsibility for planning, teaching, and supervising the basic sciences and first course in nursing; in 1940 there were six. Laboratory and library facilities were better, and the large UOPD demonstration room for nursing arts had been acquired. Since each instructor taught fewer courses under less pressure, she now had more time for preparation and for attention to individual students.

The clinical part of the curriculum had been strengthened by a better correlation between theory and practice, by greatly developed ward teaching, and by the increased emphasis on health education and family and community health services. Greater attention was paid to the needs of the individual patient both in the Hospital and at home after his return. The scope of nursing services had been expanded and the means for providing them augmented by ward helpers, ward secretaries, and the employment of both graduate staff nurses and practical nurses. The students were no longer expected to provide all nursing care. There was still a long way to go to attain an actual educational approach in the students' program because so much of the learning continued to be a by-product obtained by doing work and carrying responsibilities at demanding levels during an untoward number of assigned hours.

The schedule for day duty remained 52 hours a week, far higher than at many schools of nursing. Students continued to have two half-days off duty each week instead of one full day, and the "p.m." that fell on a weekday was very apt not to be free of classes. (Class hours per week might be as high as 10 or more; therefore the MGH weekly schedule of class and ward hours allowed little time for study.) Night duty consisted of an uninterrupted 4-week period of 8-hour nights, a 56-hour week. Evening duty had been introduced in the mid-twenties in order to eliminate 12-hour night assignments. In the forties, day hours were reduced to 36 a week, to which was added an often heavy class schedule.

Three weeks of vacation were given in each of the three years, at a time best suited to the class program.

Improved though it was, compared with the NLNE's 1937 *Curriculum Guide*, the areas that still most needed strengthening were the social sciences, psychiatric nursing, and nursing and health services in the family. Together, only 40 hours were given in psychology and sociology. In 1940, 40 per cent of the students affiliated for psychiatric nursing at the McLean Hospital; the small psychiatric unit at the MGH did not provide the equivalent education for the others. The enriched curriculum added much of value related to health preservation, disease prevention, and family and community health, but not the equivalent of that recommended by the NLNE. An actual field experience with the Community Health Association of Boston remained an elective for a very few students, for many reasons. The CHA could not absorb such large numbers of students as were enrolled at the MGH, even if there had been no students from college-based programs seeking the same experience. The MGH could not spare all its students for two months, and if it continued its practice of maintaining the students and paying part of their tuition, the costs would have been prohibitive. The uniquely valuable two months' affiliation at the Massachusetts Eye and Ear Infirmary was now planned for 50 per cent of each class. All students continued to affiliate at the Boston Lying-In Hospital. The great drawback to all affiliations was that the MGH faculty had no part in the planning and teaching, or in evaluating the programs.

Charges for tuition and fees had not kept pace with the improvements in the School and the problems of the rising costs of maintenance. The demands on the students' time and energy during the war years were too great to warrant financial adjustments, and the advent of the Cadet Nurse Corps produced another set of dimensions.

Before the war pressures were felt, progress had been made by the faculty in enriching the curriculum and in developing methods of teaching consonant with a more professional view of education. Committees of the faculty carried on more of the work of the School than formerly, and the plans for the health and guidance of students had been developed considerably. Although it is tempting to contemplate what

might have been accomplished by 1946 if World War II had not occurred, the degree to which gains were held and some progress made forms a commendable record. With a program launched with Radcliffe College, one more dream had been realized, in part. The two improvements longest desired—new dormitory facilities and a School building—were not realized until a later period.

The development of Nursing Service, severely disrupted by World War II, had involved the provision of graduate staff nurses for whom a strong program of staff education had been set up, the strengthening of the preparation and the insights of graduate head nurses, and improvement in supervisory and administrative functioning. Here was an emerging organization with its own service and educational purposes. After the thirties, a trend appeared towards an equilibrium between the School and Nursing Service. The more successfully each carried out its functions, the better both were able to realize their purposes. Delays were caused by lack of funds, rapid turnover among members of Nursing Service, and some resistance to change. However, with Ruth Sleeper and Edna Lepper deeply involved in these developments, Miss Johnson was able to begin retirement secure in the knowledge that her efforts to realize the best that was possible for the MGH would be carried on.

Sally Johnson's years as Superintendent of Nurses and Principal of the School of Nursing spanned one of the most turbulent and disruptive periods in the country's history. Nursing, in all aspects from its national organizations to its private practitioners, was buffeted by forces beyond its control, and yet managed to leave a record of progress. Miss Johnson helped to write that story on the national, state, and MGH fronts. She had surely earned the peace and relaxation of retirement.

On the evening of March 20, 1946, in the rotunda of the Moseley Building where so many School functions had been held, Sally Johnson was the guest of the Hospital. The program and reception were planned jointly by the Ladies Visiting Committee of the Hospital and the Ladies Advisory Committee to the School, whose chairman, Mrs. Robert Homans, presided. Tributes were paid Miss Johnson by Betty Dumaine (MGH 1926), the Trustee who had been chairman of the School's Ad-

visory Committee; by Dr. James H. Means, Chief of the MGH Medical Service and a member of the Advisory Committee since 1925; by Dr. Faxon; and by Margaret Dieter, president of the Alumnae Association. Later came individual greetings and the presentation of a silver tea service and other gifts.

The last honor to come was perhaps the most cherished of them all. The Trustees of the Massachusetts General Hospital appointed her Director Emeritus of the School of Nursing, giving her an official status that linked past and future together.

From 1947 to 1957, Sally Johnson and Alvira Stevens (MGH 1909), friends all of their professional lives, shared an apartment on Brimmer Street. Miss Stevens, who had been in charge of Phillips House since 1921, with the title of assistant to the Director (MGH), retired just a year after Miss Johnson. They maintained their interest in the MGH and in their many friends and participated in community affairs as well. Miss Johnson continued her association with the Quota Club of Boston, of which she had been a charter member since 1927, and which acclaimed her in February 1953 as a "Woman of Achievement." In November 1956, the MGH Nurses Alumnae Association held a special luncheon at the Boston Club to honor Carrie Hall and Sally Johnson, at which Dr. Faxon, by then Director Emeritus of the MGH, paid tribute to Miss Johnson's qualities and achievements. Much to everyone's regret, illness prevented Miss Johnson from attending. She died the following March.

Although Miss Johnson's sphere of influence in Nursing went well beyond the MGH, it was surely at the Hospital that she made her greatest contribution. Over a quarter of a century she remained in charge of the large and vital department with its heavy responsibilities of service and education. She laid no claim to being an outstanding educational leader. Indeed, she may well have had a greater interest in other aspects of Nursing, including the development of Nursing Service. Nevertheless she gave untold numbers of hours to committee work for the National League of Nursing Education and to furthering the progress of the School to which she was devoted.

Her great strengths were the integrity and soundness with which she tackled every problem or issue, her fairness and concern for the individuals involved, and the homespun, commonsense values she used to pilot her way through the demanding and conflicting situations with which her work was filled. She had faith in those values that had served her forefathers, and no one who knew her ever doubted the worth of such values.

Whenever a meeting had to face challenges that were threatening or obscure, those present were glad that Miss Johnson was there because they knew that she would distinguish the essence of the matter and would know how to slough off wasteful words and directionless action. Many a meeting was set on course by her humorous, honest, no-nonsense analysis. When spirits lagged and doldrums threatened, she was able to get things moving again by direct attack and pithy evaluation of the causes.

Sally Johnson may be said to have been more respected than popular, more doggedly determined than inspired, more reticent than outgoing. She realized her strengths and limitations and invested her considerable capabilities in the ways that she knew she could contribute most in her chosen field. In the summer of 1957, a few months after her death, *The Quarterly Record* published a memorial issue that reveals the esteem in which she was held by many of her associates. Dr. Faxon declared that "we worked together through calm and storm and never was an harassed hospital director supported by a more loyal and efficient Director of Nurses. Resourceful, thoughtful, always looking ahead, calm, dignified, articulate, forming her own opinion upon facts, meeting and surmounting every difficulty with equanimity, she was an example to us all."²

The MGH was fortunate indeed to have a woman of such courage and determination to direct its Department of Nursing through the stretching and straining of educational aspirations, through the dark valleys of the Depression and World War II, through the years of the expansion of the Hospital's services and facilities. The sound foundation she built, and her defense of threatened standards of Nursing, provided much of the basis for the progress of the next decades.

V. MID-CENTURY CHALLENGES
TO NURSING

CHAPTER 25

Nursing on the National Scene

IN the two decades following World War II, the three related fields of Public Health, Medicine, and Nursing were to be jet-propelled to unprecedented endeavors by social forces and the will of their members to achieve better health care for the American people. Established programs, diminished by the need to concentrate on the war effort, were now pushed forward, and education, service, and research became fronts for new action. The stand taken in each field was determined by past achievements, obstacles to improvement, and the capacity for sound development. There was no dearth of unresolved problems and new tasks related to social, mental, and physical ills, the delivery of broader and improved health services, the preparation and supply of personnel, and sources of financial support. The solutions to these problems depended on achieving a high level of coordination and cooperation among the planners and the practitioners in each field.

The war had brought into sharp relief some lacks, many of them stemming from the patchy progress that had been made in the whole area of health. It also served to promote interest in the needs of humanity, problems that could be solved only by international cooperation. Out of the establishment of the United Nations came the great impetus to improve the human condition, which was spearheaded by the World Health Organization (WHO) as it carried on and extended the functions of the Health Organization of the League of Nations. In 1946, at the International Health Conference in New York, sixty-one nations signed the constitution of the WHO, which in its preamble included principles that were considered basic to "happiness, harmonious relations, and security for all peoples." Dr. Thomas Parran, then Surgeon General of the USPHS, who headed the United States delegation, de-

clared the statement of WHO functions to be the “Magna Charta for health.”

Dr. Parran provided a place for Nursing at this historic occasion by including a nurse, Mrs. Elmira B. Wickenden, executive secretary of the National Nursing Council, in the group of technical experts who accompanied the delegation. No other country included a nurse, nor had nurses been included in the former health organization. This event was significant for women everywhere and increased the prestige of Nursing. Nurses from many countries soon participated in the Nursing section of WHO, and subsequently several acted as advisors at each annual World Health Assembly. One among them was Katharine Faville (MGH 1921), who at the time of the second World Health Assembly (1949) was dean of the Wayne State University College of Nursing in Detroit. This assembly voted to establish an advisory Expert Committee on Nursing and another on Nursing Education. The committee on Nursing is utilized by the WHO to advise the World Health Assembly on the two crucial issues in Nursing all over the world: recruitment of nurses in proportion to the needs of each country; provision of education suitable to their functions and responsibilities. Another concern was meaningful definition of the terms “nurse” and “auxiliary nursing personnel” because, if the health needs of people were to be met, both groups were essential, and their areas of safe, competent practice had to be established. This problem was equally important in the countries where Nursing was well established and in those where it was still developing.

The goal of the WHO—the best possible physical, mental, emotional, and spiritual health for all peoples—seemed nearly unattainable for large areas of the world, since its realization was so closely tied to economic and educational conditions. Thus the “Magna Charta for health” spread more widely the stubborn problems that had plagued nurses in the United States for many decades. Now their needs were recognized as worldwide. Nursing was viewed as a menial occupation in many parts of the world and as less than a profession in many other areas. To match the health needs of people with suitable health personnel, appropriately educated at affordable costs, was the challenge that had to be

faced. Nursing, through the International Council of Nurses, was no stranger to international cooperation. Founded in 1899, the Council is a federation of one national organization of professional nurses from each associated country. In 1948 the ICN attained an official relationship with WHO that was to prove beneficial to the aims of both. Representatives of the ICN participate in WHO conferences and attend meetings of the Expert Committee on Nursing. As early as 1900, the ICN adopted "the aim of raising ever higher the standards of education" in Nursing everywhere in the world. Its strong Committee on Education concerned itself with both basic and postgraduate education for professional nurses. Ruth Sleeper, a member of the WHO Expert Committee on Nursing, was appointed chairman of the Committee on Education, which in 1949 in Stockholm presented the standards of nursing education; these standards were utilized in determining the eligibility for membership of a national nursing organization. The ICN was able to suggest nurses from various countries who would be valuable contributors to progress within the WHO.

The Florence Nightingale International Foundation, an endowed trust for postgraduate nursing education founded in 1934 as a memorial to Florence Nightingale, in 1949 was reorganized as a legal entity within the ICN. Generally speaking, the FNIF is responsible for the long-term educational activities of the ICN, such as the promotion of research, the improvement of nursing education, the provision of information about educational activities, and the awarding of scholarships. In 1952, to provide information for WHO, the FNIF undertook a comprehensive study of facilities for advanced nursing education. As guides in the study they chose three principles: education for Nursing should be a true educational process, should relate to the total health needs of the people to be served, and should be conducted under the immediate direction of an educational body concerned primarily with nursing education.

In 1935 the passage of the Social Security Act had made possible the coordination of a comprehensive federal health and welfare program, which the establishment of the Federal Security Agency (1939) helped to accelerate. At the fourth White House Conference (1940), where the theme was "Children in a Democracy," the upgrading of the health

professions was urged. The strain on nursing services in hospitals in the 1940s was increased by the rising birth rate. According to the *Journal of the American Medical Association*, 750,000 more babies were born in hospitals in 1945 than in 1940. Another program of the Children's Bureau, the Emergency Maternity and Infant Care Program (1943), was designed to foster care for the wives and children of the servicemen least able to provide for them suitably. The recognized need for more hospitals resulted in the Hospital Survey and Construction Act (Hill-Burton, 1946).

Each cure for one aspect of a health problem created other problems. All were related to financing and to educating personnel in ever increasing numbers. Often research was essential for solutions. It had also become obvious that social problems and the concerns of individuals must be looked at and dealt with in new ways. All who were prepared to contribute to understanding and who could help add health to life, liberty, and the pursuit of happiness must join forces to move ahead supportively. The team concept gathered momentum until it eventually permeated the thinking, planning, and practice of many groups in the community and within hospitals and other health agencies.

In medical education and in hospitals, the focus had been primarily on the search for and the application of scientific knowledge to the pathologies of patients; now their human needs began to receive emphasis in books such as *The Patient as a Person*, *Patients are People*, and *Patients Have Families*. Many psychiatrists, medical educators, and medical social workers helped foster concern for the individual and his family. Despite the interest of nurses in patients, various forces in the hospital situation made it difficult to implement their concern for the human being or what his illness meant to his family or his future. Graduate nurses, depending on which school of nursing they had attended, had to learn to deal with most or all of these aspects of care if they entered public health nursing. For a long time the health teaching needed by patients and their families had received scant attention. A new and strong emphasis on the psychological and emotional as well as the physical aspects of care developed, partly in response to the types of illnesses that had come to predominate. The age range of patients had shifted to

the middle and later years, and their illnesses were more apt to be chronic and handicapping than curable. Surgical treatment became increasingly radical as research findings were applied.

Long-term provisions for care and rehabilitation necessitated co-operation with community agencies. In time it became evident that hospitals themselves should cease to function so completely within their own walls and should provide continuity of care that went full circle, based on knowledge of the sick person's home, family, and work life, and of his own characteristics and ability to deal with his illness. The objective of keeping people healthy and able to stay out of hospitals was also promoted. From the viewpoint of the patient and his family, the costs had become prohibitive for many, despite the widespread use of some kind of prepaid insurance plan, so that health-sustaining information was increasingly welcomed. Since it was unlikely that enough prepared doctors, nurses, and other groups could ever become available, the continuing construction of hospitals posed serious problems. In some hospitals beds had to remain unoccupied, at great financial loss to the hospitals, because there were not enough nurses and auxiliary personnel available. This shortage, at first expected to be temporary, turned out to be a pattern caused more by the enormous demand than by a dearth of nurses. More nurses with broader preparation were obviously essential, and practical nurses must also be prepared in greater numbers, and licensed to protect the public.

The resulting dilemmas for a hospital nursing service challenged the courage and ingenuity of every director of nursing service and all nurses associated with her. Any failure in this department affected medical care and community service, research and medical education, and the hospital's economy. From the hospital's trustees to the most recently arrived medical intern, no one could afford to have the nursing service interrupted or inadequate. The intensity of pressures on the nurses who were trying to deliver care became nearly unbearable, particularly since the patients were in the greatest need of all. If the hospital also conducted a school of nursing, the school was less able to provide the educational program it believed in, partly because it, too, was caught in the vise of hospital economics, and partly because it was impossible for the students

to either observe or practice consistently a good and safe level of nursing care. This predicament contributed to the growing criticism of hospital schools of nursing.

Since most of the elements of this situation were far from new, and many of the needs and difficulties of the postwar period had been anticipated by the leaders of Nursing, various plans of action were initiated before the war's end. In fact, Surgeon General Leonard Scheele credited Nursing "with being the first professional group to make a critical analysis of its problems and to formulate a constructive program."¹ The National Nursing Council provided leadership that led to the preparation of "A Comprehensive Program for Nationwide Action in the Field of Nursing." Copies were distributed to the state nurses associations and others as the atomic age commenced at Hiroshima. To reread twenty-five years later that blueprint for the future of Nursing causes the dizzying effect of high altitude, and unqualified respect for the nurses who, at the peak of the war effort, found their way with such clear vision through the thickets of the existing nursing situation.

Mary Roberts, editor of the *AJN*, pointed out that a certain fundamental unity of purpose had always existed in the professional organizations, along with a wide divergence in methods and programs. She continued, "The National Nursing Council for War Service provided a point of contact with the profession for governmental and other agencies which could otherwise not have worked effectively in support of nursing projects."² Both within and outside of Nursing, the large number of different nursing organizations had proved baffling. More significant was the tendency for each one to ride off bravely in its own direction, a practice that does not lend itself to coordination and cooperation. Nevertheless, a united front had been attained; cohesion of the parts was seen to be indicated. Endorsement of the plan by each constituent group was forthcoming. Ruth Sleeper wrote, "Coordinated planning by national nursing organizations has developed a comprehensive program for nationwide action in the field of Nursing. Now let us, through the strength of co-ordinated effort in national, state, and local organizations, put this plan into action that nursing may progress and contribute effectively to the health and welfare programs of the Nation."³

The five areas for study and action proposed by the National Nursing Planning Committee of the Council were derived from the pooled thinking of members of all of the nursing organizations and other concerned groups. The resulting program related to all nurses—professional and practical, black and white, men and women. It pointed out the need for a study to overcome the gaps and inadequacies in prewar nursing service and nursing education, which war demands had highlighted. The five areas were:

(1) maintenance and development of nursing services (in all institutions, agencies, fields); (2) a program of nursing education (professional, basic and advanced, and practical); (3) channels and means for distribution of nursing services; (4) implementation of standards (including legislation) to protect the best interests of the public and the nurse; (5) an information and public relations program.⁴

Looking back, we see that the efforts and achievements that resulted are striking tributes to the wisdom of the plan, even though some of the specifics have not yet been achieved.

Although all aspects of the plan had some significance for schools of nursing, it was the study supported by the Russell Sage Foundation and the Carnegie Corporation that affected the schools most directly. This study, which came to be known as the Brown Report, was the last of the initiatives taken by the National Nursing Council before that organization was dissolved in 1948. The person selected to conduct the study was the social anthropologist Esther Lucile Brown, then the director of the Department of Studies in the Professions of the Russell Sage Foundation. No stranger to Nursing, Dr. Brown in 1930 had prepared the monograph *Nursing as a Profession*. In it she credited Nursing for its contributions to improving hospital conditions, providing trained personnel for the sick, and developing a growing interest in the prevention of disease, but she noted that “it still falls short, partly for reasons outside itself, of accomplishing much that society needs to have done, and that would give the nurse herself more in the way of a rich and successful life.”⁵ Measured by the criteria accepted by the established professions, she found that Nursing still had much to accomplish. She continued, “Some of the nursing problems can be remedied by the profes-

sion itself. Improvement, in fact, is under way, and is likely to continue. But the basic question of how the needs of all the people for nursing can be met is part of the entire problem of the extension of health services. This problem is an economic and educational one, the roots of which are intertwined with those of our whole social life.”⁶ Dr. Brown was obviously aware that many such studies of Nursing had been published at intervals, and then put aside, ever since the appearance of *Nursing and Nursing Education in the United States* (1923). This and similar studies were rather like a compass ignored; the right directions had been indicated, but the resulting actions had been too ineffectual to produce progress.

Given full freedom, Dr. Brown began the third important study of Nursing, aided by two committees. The Professional Advisory Committee included some of the most distinguished nurses of the period. Among them were Ruth Sleeper, then president of the National League of Nursing Education; Adelaide Mayo, the League’s executive secretary; and Dorothy Wilson (MGH 1929), a member of the faculty of the Division of Nursing Education at Teachers College, Columbia University, all graduates of the MGH School of Nursing. On the Lay Advisory Committee were men and women eminent in the field of higher education and community organizations. Before commencing the study, Dr. Brown reached agreement with the National Nursing Council on several points, among them that, if conflicts appeared, she should “view nursing service and nursing education in terms of what is best for society—not what is best for the profession of nursing and a possibly ‘vested interest’.” This position seemed imperative if the American public were to be offered any convincing statement that serious effort had been made to view a difficult and emotionally explosive subject with such unbiased objectivity as was possible.⁷ She must also obtain the clearest possible picture of the probable nature of the health services and nursing services likely to be needed in the period from 1949 to 1999, and of the kinds of training and academic education that would be required to provide the nursing services.

To carry out her investigation, Dr. Brown relied on first-hand observations, workshops, consultations, and reviews of other studies in

Nursing and in related fields. She visited fifty schools, selected because they tried to be “dynamic and experimental” in their approach to Nursing; she found them to be better than expected in “imagination and perspective” about nursing education and worse in that they had inadequate financial resources and insufficient numbers of well-prepared teaching personnel with which to implement their ideas.⁸ She also obtained help from medical educators, practicing physicians, directors of hospitals, and public health specialists scattered across the nation, who viewed the future for Nursing with faith and sympathetic interest.⁹

Nursing for the Future, the result of this study, was published in 1948. In it, Dr. Brown considered some needs shared by the medical profession and by Nursing if therapeutic benefits to patients, which stem from human relationships, were to be realized, and suggested correctives for the environment of hospitals and for their administration, including appropriate incentives for nurses.

The successful administration of nursing services, which required more sophistication and skill than ever before, depended on the availability of well-prepared administrators and their associates. The education of nurses needed improvement, particularly in the hospital nursing services and the hospital-conducted schools of nursing. She proposed the increased use of licensed practical nurses, in view of the imbalance between the supply and demand for graduate staff nurses and the crucial need to free student nurses from inordinate amounts of nursing service. She distinguished between the future role of the professional nurse, as she defined it, and that of the majority of nurses. The education of each group was to be designed to prepare for its particular functions. These views provided the greatest challenge in the study to many nurses. She urged immediate development of the program of accreditation of all nursing schools, and the publication of lists of accredited schools to guide counselors and prospective students. Recruitment for basic or preservice schools was to be carried on aggressively and without discrimination as to sex, marital status, economic level, and racial, ethnic, or religious background; students were to be sought from among the upper economic and educational brackets and from minority groups. National and regional planning, in terms of needs and resources, was

essential. The national nursing organizations should find a way to unify their efforts at all levels, to work with the public in order to meet nursing needs and to attain the necessary financial support.

The Brown Report, in its far-reaching effects on Nursing and nursing education, was comparable to the Flexner Report of 1910 in its influence on medical education. And, like the Flexner Report, the Brown Report met some opposition. In the years preceding its publication, the philosophies of nursing education had become polarized, either around degree-granting programs in colleges or universities or, in vastly larger numbers, around diploma-awarding programs in hospital schools. Many nurses on the faculty of diploma schools believed in the values of general education and in the educational benefits to be derived from the university programs. Many nursing educators were aware of the long distance most schools of either type had to go to provide an education appropriate for professional functioning and leadership. A sizeable number of graduate nurses, however, lacked the background to understand the differences or were completely ignorant of the values of any educational pattern except their own. They became defensive and highly critical as well as fearful that, if the recommendations of the Brown Report were carried out, they would not be considered "professional" nurses, a term frequently confused with registered nurse and quite universally misapplied in its relation to Nursing. Since many graduates of diploma schools lacked a broad knowledge of the social and economic forces in the United States, they could not view Nursing with perspective, and considered the Brown Report to be a threat to their schools and to them.

What did the Brown Report recommend? What were the implications for hospital-conducted schools of nursing? First it is important to realize that the intrinsic merit of this study was widely recognized, and it became a model for immediate and for long-term action. It showed that the future of Nursing depended on preparing professional nurses for the newly emerging functions and changing relationships of expanding nursing and other health care services. This report considered the persisting and fundamental question, "Who shall organize, administer and finance professional schools of nursing, and what is the system

of nursing services and nursing education which best meets the needs of society?"

The Report gave an unequivocal answer to the first part of the question: "Schools of nursing should not [*sic*] be maintained—not for the sake of hospitals, or any other institutions, not for the sake of the nursing profession, or students of nursing, nor any other limited group—but for the present and the future welfare of society."¹⁰ It stressed the enormous demand for nursing services and the increased competence essential to operate such services. There had never been enough nurses to provide more than general bedside care. In the future, how was graduate nursing care to be provided in the quantity and of the quality required?

Salaries in the nursing profession were low, compared with those in other fields, and opportunities for promotion were few. Furthermore, promotion tended to move the graduate nurses away from the care of patients to the vertical ladder of teaching, supervision, or administration, to which they were not attracted and for which the necessary preparation was long and costly. Also, at the graduate staff nurse level, the stimulus of true colleague or team relationships was not possible in many places, because of the traditional and authoritarian ways of functioning, and little reward was given to imagination, initiative, and the exercise of independent judgment.

The level of nursing education in the average hospital school in the United States, even after the improvements effected by the NLNE, the Report found to be far below that of professional education in other disciplines. One reason was that, of the students who entered basic nursing programs in 1947, 88 per cent had no previous education beyond high school, and many teachers, particularly those in schools with fewer than fifty students, themselves had inadequate educations; only about a fifth of the graduate nurses engaged in teaching or administrative positions held even a bachelor's degree. Other deficient areas included the clinical experience, which was more often unsupervised nursing service than soundly directed learning. There were some superior schools, but far too few to supply the need. Therefore, the Report concluded, "both nursing practice and nursing education must be profoundly reconstituted."¹¹

The differentiation of nursing functions and the utilization of variously prepared personnel in service teams were two of the main recommendations. Both sound in-service education and continuing education were essential. The crux of the matter became: What was to be the education of the professional nurses? What would be the place of practical nurses? What would become of the other nurses? The Report stressed that "technical competence alone would not supply that discriminative judgment, that alert self-direction, that skill in directing word and action of the basis of understanding of human behavior and human relationships."¹² It recommended that the term "professional," when applied to nursing education, be restricted to schools (whether operated by universities or colleges, hospitals affiliated with universities of higher learning, medical colleges, or independently) that could furnish professional education, as the term was used by educators. Schools that could meet certain defined standards should be designated as "accredited professional schools," and a list of them should be published at frequent intervals. The Report also recommended that the term "professional," when applied to nurses, "be restricted to those who have been graduated from schools designated as professional, or whose right to be thus considered has been demonstrated through some system of examination, such as a marked excellence in clinical practice, supervision, administration, teaching, or scientific research and writing; admission to fellowship in an academy of nurses; or by means of other plans devised to raise the status of Nursing."¹³

Such restrictions in the use of the term "professional" roused strong reactions in many nurses, doctors, hospital administrators, and lay friends of schools and hospitals, for several reasons. Some nurses feared for their jobs and their income, but pocketbooks were not the only things at stake; the nurse's belief in herself and pride in her school seemed to be under attack.

The Report had differentiated among hospital schools, indicating that some were "socially undesirable, others relatively good, and a few distinguished."¹⁴ College or university-based programs also received criticism; they faced such problems as finding sufficient financial support and suitably prepared nursing faculty, achieving sound curricula, the

appropriate use of clinical facilities, and obtaining recognition and status equal to those of other professional schools within the institution. Yet, the Report admonished, it was only within institutions of higher learning that suitable foundations for professional practice could be acquired.

The many recommendations made in the Brown Report brought action on the national, state, local, and individual school levels. Under the aegis of the joint boards of the six national nursing organizations, four national committees were established. One, at first called the Committee on Implementing the Brown Report and later renamed the National Committee for the Improvement of Nursing Services, together with the national organizations and other groups, served as the spearhead for many of the major activities in the next several years. Among these endeavors was a study, published by the NLNE in 1951, to determine the abilities needed by nurses. The study was basic to any curriculum construction to be undertaken by the faculties of the schools. Brown had stressed the need to improve the course of study, and at the same time to find ways in which to reduce the time from the usual three-year period required by the hospital schools.

The recommendation that constituted the greatest mid-century challenge to Nursing dealt with providing for an official examination of every school and the wide public distribution of a list of accredited schools.¹⁵ In January 1949, action commenced that resulted in the production in the same year of the *School Data Analysis*. Its purposes were (1) to furnish a basis for the planning of nursing services; (2) to provide a list of schools for which the profession would be willing to recruit; and (3) to distinguish between degree and diploma programs.¹⁶ Some data came from questionnaires sent to the 1,156 state-approved schools of nursing, 97 per cent of which responded. More information was obtained from state boards of nursing and other groups. The subcommittee assigned to this task was helped by representatives from medical, hospital, educational groups, and the public, as well as by professional and clerical assistance from the USPHS. There were eight areas about which information was sought: finances, faculty, student personnel practices, curriculum, adequacy of the clinical field, library, adminis-

trative practices, and the performance of graduates on licensing examinations.¹⁷ A scoring system was devised that utilized the NLNE publications, *A Curriculum Guide for Schools of Nursing* (1937) and *Essentials of a Good School of Nursing* (1942). It was dismaying to find, so many years after the publication of these books, that fewer than 10 per cent of schools met or almost met the criteria and that 25 per cent of the schools were seriously deficient in almost every area. The criteria were applied with leniency, and each school was classified merely as Group I, II, or III. Group I included the schools—a quarter of those surveyed—that showed the greatest potential for meeting the criteria, as well as those that had reached this level. The schools that had made the least progress, slightly less than one-fourth, were placed in Group III; Group II accounted for nearly half of the total.¹⁸

When the NCINS published the findings, the *Interim Classification of Schools of Nursing Offering Basic Programs*, in the *American Journal of Nursing* and in *Nursing Schools at Mid-Century* (1950), the names of the schools in Groups I and II were included. Never before had such findings been made public; never before had there been such strong reactions. To be listed in Group I was cause for rejoicing, not always entirely justified; to be in Group II brought many a sigh of relief, but not to be listed at all was catastrophic, even if glaring lacks long known and uncorrected were part of the reason.

Pertinent to this *Centennial Review* are the findings for Massachusetts. Sixty of the sixty-one schools of nursing participated in this really courageous self-examination. In Group I, of the ten schools listed, one was the MGHSN; the McLean Hospital School was among the thirty-eight in Group II. In Boston, four diploma schools and three degree schools were in Group I. The findings obtained by making profiles of each school were kept confidential between the NCINS and the individual schools. (Later in this account the achievements and needs of the MGHSN at this time will be discussed.)

It was necessary to re-emphasize that the *Interim Classification* differed from accreditation in very significant ways. Only an important first step had been taken to correct the situation in Nursing, about which

Marion W. Sheahan, director of the programs for the improvement of nursing services, said, "The nursing profession has lagged behind all other professional groups in preparing a list of schools whose practices and standards the profession concerned is willing to endorse for the education of its future practitioners."¹⁹ After the dust settled, and the schools were told that an incentive to improve, not their elimination, was at the root of the classification, it gradually became evident that all schools had recognized more than ever before that they must strive to improve. This reaction was indeed cause for hope among those who dreamed that Nursing might achieve sound education, might even some day be worthy of being judged a profession.

The Brown Report had noted "the narrowness and the poverty of the training" of most nurses. The majority of schools could be rated as fair or relatively good for the preparation of nonprofessional personnel, but there were hundreds that provided "a disgraceful situation in nursing education." The reports from *Nursing Schools at the Mid-Century* supported this view by saying that "about twenty-five per cent of all schools (college-based and hospital-based) met or approached standards set by the profession twelve years ago, in 1937. In many respects, half of the schools were nearer to the standards of 1927, while another quarter were still struggling to prepare nurses by these earlier standards."²⁰

The improvement of nursing education had been a central theme and a major effort since 1893. By the time *Nursing for the Future* was published, there were three national nursing organizations primarily concerned with nursing education: the NLNE, the ACSN, and the National Association for Practical Nurse Education (NAPNE-1941). The strong educational interests of the NOPHN affected the preparation of public health nurses at all levels and, particularly after 1937, influenced the curriculum of all good schools of nursing. Vigorous leadership had resulted in accreditation services, a widely used testing service, aids to faculty, curriculum, and school development. The Winslow-Goldmark and the Grading Committee Studies had been conducted. "If achievement could

be equated with effort, nursing education in 1948 would have achieved the stage of true educational excellence.”²¹

One reason the goal had not been achieved was the large number of poor schools. As a result, the nursing care of people in communities and in hospitals was often in the hands of the poorly prepared. Just before mid-century, then, nurses were being prepared for “professional” practice in the best, good, or poor programs conducted by colleges, universities, or hospitals. (The junior or community college school of nursing was just coming on the horizon.) Acceptable preparation for public health nursing was not available in all college programs or in any hospital program, so that a post-basic program in college was necessary if a nurse sought preparation instead of being employed, as many were, without the preparation. Few were the nurses who sought or could have found post-basic education in the clinical area of their choice, such as medical-surgical, maternal-child, or psychiatric nursing. Education for functional specialization—teaching, supervision, administration—was acquired by too many nurses on an educational base inadequate to support it, such as most diploma programs, which lacked sound courses of college caliber and practically everything that could be dignified by the term “general education.” Yet this was the usual route to the attainment of a baccalaureate degree for the majority of nurses who sought one. Nursing seemed to have no other choice at first. Most nurses did not have the means, even if they had the wish, to acquire a sounder basis for the positions they held. Hence the number of graduate nurses suitably prepared for practice in public health and other community agencies such as hospitals or in schools of nursing was too small to help raise the level of practice and education. With a shaky educational base for the majority of nurses, separate national organizations each with its own goals and criteria for educational programs, overlapping accreditation procedures, and no really united front, the time had come to unify activities related to nursing education.

Since accreditation had become a very squeaky wheel, it soon received attention. The cooperation among the national organizations during World War II had paved the way for further action, which ultimately

resulted in the restructuring of the national nursing organizations (Chapter 26). Earlier, in 1948, a Joint Committee on the Unification of Accrediting Activities (JCUAA) had been appointed to replace the three accrediting services until the new structure came into being. Diploma schools without any program that prepared nurses for public health nursing were essentially unaffected in respect to that aspect of accreditation. The great benefit to all programs came from the strengthening of the accrediting service, by enlarging the small staffs and adopting a plan in which carefully selected nurse educators would visit schools on a part-time basis when surveys were made. In 1949, accreditation was the center of attention at the NLNE convention, during four large regional conferences for representatives of schools of nursing, and in small groups which studied the *Manual of Accrediting Educational Programs in Nursing* (1949).

Not an hour too soon were these steps taken, for the findings of the School Data Analysis were to be released. They showed that the Joint Committee to Unify Accrediting Activities (JCUAA) and its agent, the National Nursing Accrediting Service (NNAS), could not achieve the program they had envisioned. It seemed certain that several years must elapse before even one quarter of the schools could become accredited. An interim School Improvement Program was therefore decided upon, begun in 1951 and concluded in 1960, which capitalized on the sincere wish of many schools to improve. If there could be linked to their endeavors some recognition of achievement, further motivation would likely ensue. For the time being, the NNAS carried out the activities of the improvement program; after 1952 the Division of Nursing Education of the NLN took over the NNAS, its projects, and the School Improvement Program. Since the personnel of the NNAS had had ample opportunity to learn firsthand about nursing schools and their problems, they planned specific ways by which the self-improvement of schools could be fostered.

The shift in emphasis was tremendous, from what many schools regarded as the imposition of new standards by an outside agency, to the encouragement of self-improvement within the school. Obviously such

a change required assistance for the schools, both in their evaluation of the program and in the methods and directions for improvement. The obstacles to development had to be identified and dealt with, an undertaking as costly as it was ambitious. The program could not have been realized without the support of the Commonwealth Fund, the National Foundation, and the Rockefeller Foundation, \$871,689 in all. This sum was part of the more than \$11,000,000 allocated in the same nine-year period by the NLN for the development and improvement of nursing education.²²

The NNAS and others had recognized, realistically, that the weaker schools could not yet be measured by the same standards used for those designated as “fully accredited”; therefore the category “temporarily accredited” was used for schools that could meet such a level. The understanding was that no school should rest, once it had attained this designation, but should assiduously continue its improvement. This program of short-range goals provided the encouragement that comes from a view of possible attainment in reasonable periods of time.

Even the most abbreviated account of the development of the accreditation program would be incomplete if it failed to indicate the prodigious efforts provided to help the schools during this decade. National, regional, and state conferences were held in which participation reached new heights, and those who represented schools from the hinterland came to feel that their views had worth, that they were listened to, and their thoughts were utilized. These two-way exchanges had two-way benefits. Many devices to secure thought instead of just reactions were profitably utilized. Consultation services were provided, which allowed face-to-face consideration of a school’s specific endeavors and roadblocks. New ways of implementing curricula emerged among teachers to whom the whole subject of curriculum had been a shadowy and mysterious realm not many years before. Freedom to think and experiment was encouraged. State boards of nursing were helped to see how they could be constructively involved instead of remaining as mere holders of the line. Publications, timely and useful, were made available in addition to articles that appeared in the *American Journal of Nursing* and the new *Nursing Outlook* (1952).

However, progress was not as fast as had been hoped; "Instead of the 600 or so programs that it was thought could become fully accredited by 1957, only 342 had achieved this status."²³ Extraordinary efforts to give assistance had been provided by those persons associated with the accreditation program; therefore there was not only disappointment but also dismay because changes in the scope and responsibilities of nurses during that interval had made obsolete some criteria that had once been suitable. A five-year deadline for temporary accreditation was observed, and the category was discontinued at the end of 1957. Other adjustments were made briefly. By the end of 1960, the NLN had accredited 58 per cent of the diploma programs, in which were enrolled 74 per cent of the students studying for a diploma in Nursing. In the 58 per cent of accredited baccalaureate basic (pre-service) programs, there were 73 per cent of all of the nursing students seeking a baccalaureate degree.²⁴

This was a significant achievement, but of what magnitude depended on the telescope used. The figures for 1952 are more revealing than the percentages. There were 1,192 basic programs, of which 1,065 were diploma programs and 127 degree programs. Of the diploma programs, 199 were fully accredited and 628 temporarily accredited; for the degree programs, the figures were 45 and 51. In 1961, of the then 908 diploma programs, 524 were fully accredited; and of the then 172 baccalaureate degree programs, 99 were fully accredited. It appeared that a pattern might have begun in which there were fewer and better diploma schools and more and better baccalaureate programs.

Among the processes used to develop the program for full accreditation were the preparation of a manual in which the policies, procedures, and criteria of accreditation were stated. Boards of review were established for the various programs, whether undergraduate or postgraduate, which were merged in 1954 and became two, the Board of Review for Diploma Programs and the Collegiate Board of Review; procedures were revised concerning the frequency of accreditation visits to schools and the nature and details of the interval reports submitted by each school; and provision was made by which a board's decision could be appealed. Self-evaluation became the watchword. For a faculty

making ready for an accreditation visit, the preparation entailed became stupendous, but such was the nature of the program and the scrutiny of materials prepared by the school that no amount of last-minute preparation could suffice if the school had not been striving to improve every day since the last visit.

Thus at mid-century, as Nursing strove to become a profession, both the hospital schools and those of degree-granting institutions were facing unprecedented challenges.

CHAPTER 26

Nursing Moves Forward

CHANGE and developments in the fields of science, medicine, and education, and expanded activities of the United States Government in the realm of health and welfare, in varying degrees affected Nursing, which increasingly sought to learn from them as it broadened its capacity to form useful relationships with organizations and individuals. The government took more initiatives and assumed greater responsibility for all aspects of preparation for and delivery of health care. Research was financed at an unprecedented level. However, social problems that affected both mental and physical health were far from resolved. Health care agencies faced perplexing dilemmas related to personnel and finances, but some trends were apparent. Certain groups in the community received increased attention as attempts were made to improve the condition and care of "target populations" such as mothers and children, youth, the aging and aged, the chronically ill, and the mentally retarded and mentally ill.

The United States had a long way to go in applying available knowledge to the solution of individual and community problems. The steady, persistent action that was needed required better-prepared health workers in greater numbers. The provision of medical and nursing care by hospitals and other agencies, without bankrupting either the agency or the recipient, was an unsolved problem. As important as some of the life-preserving treatments had become, prevention of the chief killing diseases was being moved from theory to application as research provided the knowledge with the aid of the electron microscope and increased understanding of biochemical and cellular phenomena. Sought also were the reasons why people move towards self-destruction by overindulgence in food, tobacco, and alcohol as well as other drugs. Re-

warding developments in the understanding and treatment of mental illness pointed the way to a different philosophy of care. Many factors related to the effect of societal pressures on the family and the individual required explanation. Added to problems of prevention and cure was that of rehabilitation, with its aim of helping people develop the greatest degree of self-sufficiency of which they were capable. Outreach from the hospital to the community was accelerated to allow two-way participation between hospital services and other community agencies and individuals so that the patient and his family did not land in the chasm between hospital and home care. The criteria for good medical care identified in 1962 by Dr. George James were "comprehensiveness, continuity of care, family-centered, emphasis on preventive services, and highest quality."¹ If nurses were to take part in the efforts to realize such standards, obviously they would need better preparation.

The needed improvements began before mid-century. After World War II, no group had the benefit of a period free from the threat of peril in which there was time for clear thinking and constructive action. With the passage of the National Defense Act of 1947, Nursing had been declared an essential service; hence all who planned for the present and future had to consider an expansion of military nursing service and participation in the civil defense program. The invasion of South Korea in 1950 served, said Mary Roberts, "to intensify the pervasive sense of crisis [that] accelerated the trend toward the reconstruction of Nursing."²

The nagging deficit in the number of nurses required for the expansion and creation of services was increased by the new military need. The ANA's 1949 inventory of nurses had shown that 65,000 more nurses were needed, exclusive of those required by the military. Since information was lacking on which to base sound estimates for the future, the ANA provided funds for a five-year study of the functions of nurses, which began at once. An analysis of present and probable future functions would help to determine the kinds of preparation required and the numbers believed necessary in each category, and would be useful in curriculum planning. By 1951 the NLNE had published the results of its study, *A Check List on the Abilities Needed by Nurses with Suggestions for Continued Curriculum Study*. Consideration of another angle began in

1952 when President Truman appointed a commission, which included a nurse representative, to investigate the health requirements of the United States. The results of all of these studies had inevitable impact on the future work of the nursing organizations and ultimately on the faculties in schools of nursing and the practitioners.

Goal setting and the short- or long-term planning required for their achievement were central concerns of the nursing organizations. Meanwhile, great strides had been taken toward a unification and restructuring of the nursing organizations; the resulting changes were beneficial, although they required major adaptations at all national, state, and local levels.

A major step forward in Nursing was achieved in 1952 when, after extensive discussions and much hard work, the National League of Nursing Education (NLNE), the Association of Collegiate Schools of Nursing (ACSN), and the National Organization for Public Health Nursing (NOPHN) were merged to form a single organization, the National League for Nursing (NLN). Ruth Sleeper, former president of the NLNE, became the first president of the NLN.

Each of the merging groups had been concerned with nursing education, in different ways. The NLNE, founded in 1893 as the American Society of Superintendents of Training Schools, had always had education for its central focus and had fostered many of the improvements in nursing education, but in 1950 it had relinquished one of its historic functions when it accepted a new philosophy about the development of the curriculum. Instead of publishing a new edition of the *Curriculum Guide*, it adopted the view that the faculty in each school should be responsible for developing its own curriculum, and would form its plans in terms of the purpose and resources of the particular school. Insofar as a faculty was prepared for this considerable task, this arrangement was clearly desirable. It resulted in more originality and creativity than had previously existed when the *Guide* had often been allowed to point the way. The opportunities for teachers to work together in improving their school's curriculum had increased as their knowledge expanded and experimentation was encouraged. Nevertheless, during the

period of transition as the NLNE became fused with the other organizations, instructors whose professional life had been identified with the NLNE could not immediately dispel a feeling of nostalgia, however worthy the new organization appeared to be.

The American Nurses Association (ANA) remained a separate organization but it, too, underwent changes. Like the NLNE, it traditionally had carried out its activities chiefly through nurses who held positions of considerable responsibility. This situation was somewhat corrected when the nurses who actually gave the nursing care achieved representation. For example, among the seven sections of occupational groups in the ANA, provision had been made for nurses whose area of practice was private duty, general duty, institutional nursing service, or public health nursing. This arrangement was to be followed at the state level, thus giving such nurses a voice in professional affairs. Included in another section were the educational administrators, consultants, and teachers. Thus when the sections began work on one of their most important tasks, the practitioners were active in defining the functions, standards, and qualifications for practice within the given area. It was appreciated more than ever before that it was not at the national but at the local level that the improvement of the quality and the distribution of nursing service could be realized. Here also was the potential source of new leadership. The ANA membership was made up solely of registered professional nurses. A coordinating council was provided so that the ANA and the NLN could foster developments and handle any differences that might arise.

Before the NLN could be realized, innumerable problems had to be resolved; these pertained to relationships with the ANA, to its own internal organization, to voting privileges, and to problems of incorporation and the right of an organization to receive tax-free gifts. Finally, the way was cleared for action, and the two organizations, the ANA and the NLN, each proceeded henceforth to deal with its specified areas and to cooperate with each other in many ways—not excluding attention to the educational interests of ANA members.

Only the greatest cooperative effort made it possible to fuse three national organizations and to carry forward additionally the work of the

Joint Committee on Careers in Nursing (1948), the National Nursing Accrediting Services (1949), the Joint Committee on Practical Nursing and Auxiliary Workers in Nursing Service (1945), and the National Committee for the Improvement of Nursing Services (1949).

In size and scope, the NLN was greater than the sum of its parts. The plan for membership included professional nurses, student nurses, certain non-nurses, agencies as well as individuals. In its certificate of incorporation, the object was stated to be "to foster the development and improvement of hospital, industrial, public health, and other organized nursing services and of nursing education through the coordinated action of nurses, allied professional groups, citizens, agencies, and schools to the end that the nursing needs of the people shall be met."

When this organization was devised, nursing services were equated with nursing education for the first time. There was a division of Nursing Services composed of a Department of Hospital Nursing and a Department of Public Health Nursing. The Division of Nursing Education included the Department of Diploma and Associate Degree Programs and the Department of Baccalaureate and Higher Degree Programs. Members in good standing, whether individual or agency, became charter members. The NLN bylaws also provided for including nurses who gave direct care to patients as well as those in administrative, supervisory, and teaching positions. Among the twenty-one members of the first board of directors, there were not only administrators and educators from schools of nursing and public health and hospital nursing services, but also representatives from general duty, private duty, and public health staff nursing. There were also specialists from such fields as mental health, public health, and hospital administration. In the general membership were both men and women, not necessarily professional, who also might represent various religious and minority groups. The idea of "diversity within unity" had been made operational.

In the 1953-1955 NLN biennial report, Anna Fillmore, the NLN's general director, commented, "When the NLN was formed, for the first time in nursing history, everyone interested was offered a chance to work together toward the improvement of nursing services and nursing education. For the first time, emphasis was placed on building under-

standing, meeting community needs, and developing productive inter-professional and community relationships.³

By 1955, there were forty-eight state and territorial leagues of nursing, and local leagues that included nurses and other citizens were being developed within states. An early count of the NLN membership showed 20,000 people and over 650 schools of nursing and community health member agencies. Through its division of nursing services, the improved provision of these services was energetically promoted whether in private homes or institutional Homes, by community agencies, or by hospitals which more than ever belonged in that category also. Accreditation and evaluation services were designed in the long run to attain better nursing for all, and the definition of Nursing included a strong health-maintenance component.

It is rare to find any trip so easy as the map may suggest. The destination towards which Nursing wanted to move was a hard one to reach. Financial problems abounded. The better the nursing school faculty was prepared and the better the school's program, the greater the cost—to someone. Despite previous attempts to determine the actual costs of educating a student of nursing, no satisfactory answer had been derived. The very fact that much of the money given to hospitals was for the care of the sick made it inappropriate to spend adequate sums on the nursing school. Campaigns to raise funds for research or building could not be rivaled by drives by the school or for the school. At the postgraduate level, education for teachers, administrators, and eventually clinical nursing specialists was to be found only in the colleges and universities where nursing programs were conducted. When such education was based on a program leading to a baccalaureate degree, the base was presumably sound, and the time involved in reaching the master's degree not excessive. Scholarships were not available in even fair supply for any of the preservice programs, whether college or hospital based, and the usual students of Nursing did not come from homes where money was readily available for education. Consequently, there continued to be many students enrolled in the less costly programs in

hospitals, where the nursing service the students gave offset some of the costs of their education.

In addition to financial considerations, many students either chose not to go to college programs, or had received guidance that was ineffective in steering them to one. Even by 1952 there was reason to doubt that all degree-granting preservice programs were educationally sound; some of the best hospital-based schools had much to offer. The enrichment of general education and the benefits to both faculty and students of making contacts with other groups tended to be relegated to the less important. If the student chose to learn nursing in a hospital school, and she did not wish to seek further education, she might well find that her preparation paralleled her aspirations. On the other hand, if a nurse who graduated from a diploma school did seek preparation for a position that required further education, she must first extend her education to the baccalaureate level, and then begin her preparation for teaching or a similar position.

The absence of preparation for public health nursing in hospital schools resulted in a similar situation; the time came when the graduate nurse must at least reach the baccalaureate level by studying in a degree program that did prepare for public health nursing. Since this was an attractive field, many graduates found themselves in this situation. Data about graduations from baccalaureate programs approved for public health nursing show that in the year 1958-1959 there were thirty-three programs for graduate registered nurses, from which 1,117 had graduated. At the same time there were fifty-five preservice programs (leading to a baccalaureate degree) from which 2,116 had graduated. In February 1959 the NLN board of directors "voted that, after 1963, NLN would accredit only those nonspecialized baccalaureate programs in nursing that included public health nursing as part of the curriculum."⁴ The implications for all other nurses were threatening; however, the reasons for making this decision were many and educationally valid.

Preparation for public health nursing was but one aspect of the disorder in nursing education. Suppose that the graduate of a diploma school wished to broaden and deepen her preparation until it more closely resembled that of the graduate of a baccalaureate program; for

her there was a program in general nursing and if she wished preparation for advanced functions such as administration or teaching, she must obtain preparation at the master's level. The wisdom of retaining a program that was based on diploma-school preparation and that led to a baccalaureate degree was widely and heatedly discussed. A further question was, should the conclusion be drawn that the graduate of the two programs, diploma and baccalaureate degree, was then eligible for "post-graduate" study?

Between 1952 and 1957 the work of the NNAS Postgraduate Board of Review threw new light on this entire situation so full of inconsistencies. Finally agreement was reached to set a five-year goal in order that "the baccalaureate program should prepare the nurse for general professional nursing, the master's program for [functional though not public health nursing] specialization."⁵ By 1955, separate accreditation of graduate nurse programs became feasible, even though about one-third of the universities offering these programs continued in the old mold.

In passing, it may be noted that for more than forty years the route to preparation in teaching, supervision, and administration for the majority of nurses who sought it was by way of the diploma school to the baccalaureate degree. Some commentators have said that therein resided one of the problems of much of the nursing education in the colleges and universities. However that may be, faculty in all nursing programs were apt to have added one or more degrees to their diploma education as they sought preparation for their positions. Since such education was to be attained only in nursing departments of certain colleges or universities, the learner was deprived of many of the educational values of the more traditional college experience, partly because she was so often a part-time student. No one should underestimate the values or the disadvantages of these nursing programs. From the financial standpoint they often made possible study that could have been managed in no other way, such were the precarious economics of Nursing.

Scholarship aid was provided by the United States Congress under Title II of the Health Amendments Act of August 2, 1956, when \$11,000,000 were authorized over a three-year period for full mainte-

nance and tuition traineeships for nurses preparing for administrative, teaching, or supervisory positions. The first three-year program was later extended for five more years. "From 1956 through 1960, federal traineeships had been granted to 5,468 nurses; 3,439 of them studied at the master's level and 113 at the post-masters level, while 1,916 studied at the baccalaureate level."⁶ The increase in enrollments proved that money was one important factor, but when the sudden, startling influx of students began to diminish in less than five years, it was necessary to determine the cause. How many graduates of baccalaureate degree programs were there who wished to continue study at the master's level? Against a projected need of 180,000 nurses during 1956-1970, by 1960 a mere 30,000 had graduated, because Nursing had too little appeal for the thousands entering colleges. The contrast is impressive between the 4 per cent annual increase in students enrolled in 1959-1960 in college programs and the 10 per cent increase in the number of diploma and associate degree graduates who enrolled in basic and graduate nurse programs: 250 versus 731. Among the reasons for the two-program choice were guidance at the high school level, financial considerations, preference for the home community or family responsibilities, and the belief that hospitals were where learning really occurred.

When master's programs for preparation in clinical specialization, a relatively new emphasis in Nursing, were examined to determine their "greater breadth and depth of knowledge," accrediting agents found not only that there were widespread differences among the programs but also, often in the same university, the master's program sometimes differed little from the one designed to make up deficiencies in undergraduate preparation. Graduate nurses with sound basic education were too well informed generally to be satisfied with such fare. Not until 1960 was the development of advanced content commenced for the clinical specialties. The implications of this fact for the level at which teaching had been done are obvious. One reason the problem existed was that no one had really sorted out the differences between the contents of the two levels, partly because clinical specialist positions for nurses were few.

No university had a doctorate in Nursing until the Boston University

School of Nursing established in 1959 the Doctor of Nursing Science degree.

As a result of the structuring of the NLN, the NOPHN had been dissolved, and its excellent magazine *Public Health Nursing* was discontinued. The new organization had needed its own publication to serve functions comparable to those provided by the *American Journal of Nursing* for the ANA. The first issue of *Nursing Outlook* was published in January 1953. *Nursing Research*, first published in 1952, made available the findings of research projects. The increase in sophistication and significance of the articles published over a fourteen-year period is impressive. The gains have been increasing more rapidly, and much has been accomplished in the last quarter of a century.

An examination of Nursing periodicals from 1960 to 1966 shows persisting themes: cost studies, the chronic shortage of nurses, the need for more and better-prepared faculty, comparisons of the values and differences among preservice nursing programs, considerations of the characteristics of students entering those programs, the continuing rise in the numbers of practical nurses and their developing aspirations, and the age-old question, "What is the best preparation for Nursing?", and many others. These topics do not even suggest the gains that had been made in such areas as curriculum development, teaching methods and tools, evaluation of practice, insights gained about the needs of students, the place of the role model in the socialization process, and faculty development programs.

In a mere two decades, 1946–1966, Nursing had made phenomenal progress. Many of the nurse educators who helped create these changes, however, regarded them as only necessary steps towards still more desirable goals.

VI. RUTH SLEEPER AT THE HELM

== 1946-1966 ==



Ruth Sleeper
1946-1966
Director of the
School of Nursing
and Nursing Service

CHAPTER 27

The School Looks to the Future

IN 1946, Miss Ruth Sleeper was appointed Director of the MGH School of Nursing and of Nursing Service. For more than a decade (1933–1946) she had served as Miss Johnson's loyal assistant in both areas and had become a notable ambassador from the Nursing Department to the Hospital realm. Liked and respected by Hospital administrators, doctors, and members of other professional and service groups, as well as by the students and her associates in the School and Nursing Service, she had helped the gradual breaking of some of the traditional barriers to communication between Hospital and School.

Like her predecessors, Miss Sleeper faced difficult problems. The School was just emerging from the impact of World War II and the Cadet Nurse Corps program, and the devastating shortage of nursing staff in the Hospital had not abated. Nationally, interest in Nursing as a profession was diminishing in this postwar period. Nevertheless, the School had to intensify its recruitment efforts so that the Hospital's beds could be made available to more patients and its program of medical education and research could proceed. The tasks ahead of Miss Sleeper therefore included improving the School's curriculum, augmenting the number of well-qualified faculty, attracting a larger number of promising students, acquiring more space for the School, supplying the Hospital's needs for Nursing Service without detriment to the School—and the perennial problem of rising costs.

Miss Sleeper also continued to participate in the work of the NLNE as president (1944–1948). Her associations with other national leaders in Nursing as well as in government, medicine, hospital administration, and education gave her an unusual grasp of national issues and the pressures exerted by various groups. Though many of her associates in the

MGH Nursing Department were also active in local, state, or national Nursing organizations, they benefited greatly from sharing some of the perspectives that she had gained. She retained the same friendly approachability that had always been one of her characteristics.

In the Hospital itself, plans for the next ten years were being formulated. Historically, the Hospital was committed to medical education and research as well as the care of patients, and each of its departments was in some way involved. Nursing, the largest department, was under particular pressure; a good Nursing Service was essential to the realization of the Hospital's goals and to the nursing education of the students. Nursing Service in turn depended on the School's students to provide substantial amounts of the nursing care, and the School was largely dependent on the Hospital funds for support.

During the fourteen years (1935–1949) that Dr. Faxon was the Director of the MGH, its economic and financial stability had been buffeted by social forces as powerful as those of any period in its history. The postwar years 1946–1949, Dr. Faxon's last years at MGH and Miss Sleeper's first as Director, brought no relief. Expenditures required for personnel, food, and hospital supplies continued to increase. Hospital rates were increased twice in 1946, until General Hospital patients were charged \$42 per week, little more than half the estimated cost to the Hospital of \$73 per patient week, and the deficit continued to climb.

Competition by industry with its attractive pay left hospitals everywhere short of such nonprofessional workers as ward helpers, orderlies, and others needed in the nursing and housekeeping, dietary, and maintenance departments. Work undone on the wards made the nurses' lot less endurable, for there were already too few to provide the best possible service. Graduate nurses were not returning to do staff nursing in hospitals, particularly in New England where neither the salaries nor the living conditions equalled those in other parts of the country. It was no secret among nurses that at the MGH the work was unusually taxing for everyone and that the number of hours demanded was greater than average. In an effort to counter this view, the Hospital instituted some changes. On January 1, 1946, the working hours per week for graduate

staff nurses were reduced from 51.5 to 48. On January 1, 1948, they were again lowered, to 40; the existing salary schedule was maintained and payment for overtime was allowed. In June 1946, when the minimum monthly salary was raised from \$150 to \$170, the salaries in the Boston area became comparable with those elsewhere. Nevertheless, by 1948 some 150 beds had been closed in the General Hospital and the Baker Memorial because of the impossibility of employing enough nurses to sustain the required level of care.

In Miss Sleeper's first annual report to the Trustees, in 1946, she pointed out that rapid turnover rather than a shortage of nurses was at the root of the problem. For the General Hospital and the Baker Memorial, 176 nurses had been employed during the year, but 134 had resigned in the same period. This rate of turnover interfered with the efforts of the head nurses to administer a ward so that they, too, resigned, and some wards had two or more head nurses in a year. The effect on the patients and their doctors can be easily imagined. Such a pattern meant difficulties for the beleaguered administrators of Nursing Service and was clearly undesirable for the education of student nurses. In their annual report for 1946 the Trustees noted the part played by the students in the provision of nursing services. The Trustees recognized that the shortage of nurses was the most perplexing problem in the administration of the Hospital and noted that, before the war, student nurses carried approximately 73 per cent of the nursing service at the General Hospital and 20 per cent in the Baker Memorial. During and after the war, the student nursing service increased to 92 per cent in the General Hospital and 80 per cent in the Baker Memorial.¹ They remarked on the sustaining effects of the Cadet Nurse Corps, and the subsequent drop in the number of students enrolled in the School, from 481 on December 31, 1945, to 369 exactly one year later, a condition typical of the trend all over the United States. The salary levels of graduate nurses were identified as one cause for low enrollments. Why would a person work so hard for three years only to be paid less than she could earn in industry?

The shortage and rapid changes in the Nursing Service staff had resulted in the closing of 76 beds in the White (Surgical) Building alone;

the closing in turn had unfortunate effects on the income of the Hospital, on its ability to meet community needs, and on the experience available to residents, interns, and student nurses. The Hospital would have been willing to employ more licensed attendants (practical nurses), but the factors noted affected them as well as the graduate nurses. Doctors returning from their war service were eager to make up for lost time in both practice and research, but their work was hampered by the lack of nurses. The pace, quality, and nature of nursing had changed in all hospitals, in part because of the lack of prepared personnel, and in part because of the introduction of new technology and time-consuming procedures such as intramuscular injections of penicillin. Pressures were applied to the Nursing Department to hasten the increasing of staff and the securing of a larger number of students in the School.

The Hospital had other crucial needs related to expansion of services and the development of its teaching and research functions. For years each MGH Director had reiterated a list of requests for new structures he regarded as essential to the operation of the MGH. For thirty years a new laundry had been sought; its cost in 1946 would have been \$1,000,000. No new dormitory for nurses had been provided since 1914, when the Walcott House opened. The makeshift dwellings provided did not make a favorable impression on the students, their parents, or graduates considering a position at MGH. To accommodate all students and graduates who did not live in the Walcott House would have required a building for 200, at a cost of \$500,000. The long-held dream of a central School building included in Dr. Faxon's 1947 list would have added another \$200,000. Although these facilities could not be provided by the Hospital, the officers and teachers of the School were not allowed to make an independent drive for endowment or other funds, lest it jeopardize the Hospital's chances of raising funds for broader purposes. The need for an office building for staff doctors had become more and more apparent as the time spent in travel between Hospital and office had increased, and as the need to use the Hospital's laboratory and X-ray Department facilities for their patients became more essential; such an office building would have cost \$1,000,000.

A major problem was that the laboratories of the Department of Bacteriology and Pathology, like the Nursing School classrooms, were not grouped in one area but were scattered about the MGH grounds—a handicap to the personnel of both departments. Research activities of other groups also needed to be centralized. During the war, investigation had been stimulated by army, navy, and other contracts. There was a growing recognition that the future of the Hospital depended on continued scientific investigation. A new Committee on Research was formed to seek and supervise research funds, and eminent scientists from various centers in the United States were invited to serve on the newly created Scientific Advisory Committee. They strongly advocated the construction of a research building; grants were sought and a public fund drive launched. Even though more than \$2,000,000 was realized, the plans had to be scaled down. By 1949 the MGH research budget had reached the impressive size of \$1,288,000, all of which was derived from sources outside of the MGH.

Figures of this dimension show that some funds could be obtained for particular purposes, but operating costs had to be met in other ways. The Hospital's financial straits were explained in part by its continuing policy of providing free care or reducing charges to patients in financial need, and in part by the failure of public welfare departments of towns, cities, and states, the Industrial Accident Board, and the Blue Cross to pay the full costs of patient care. Since the cost of care per patient day continued to climb, the discrepancy increased.

These were some of the challenges that Dr. Faxon had faced. As his retirement approached, the Trustees and members of the medical staff paid tribute to his "great skill and sagacity in guiding the Hospital through its major expansion in plant and facilities and in its chief functions."² His retirement came at the end of a fifty-year period in which the MGH had outgrown what by contrast seemed leisurely, comfortable, friendly years when there was more truth than in 1950 in the designation "the MGH family." In the next several years, Dr. Faxon served as consultant on the new Research Building, and later worked at writing a history of the MGH for the period 1935–1955.

To succeed Dr. Faxon, the Trustees appointed Dr. Dean A. Clark, a physician with qualifications and experience particularly suited to the developing programs of both the Harvard Medical School and the Hospital. Dr. Clark became General Director on October 1, 1949. He was the first MGH administrator to whom that title was given; it was indicative of the increasing responsibilities he would carry both at the MGH and in association with other institutions, various private and governmental agencies, and the community. Dr. Clark was a graduate of Princeton and the Johns Hopkins University School of Medicine, and had been a Rhodes Scholar at Oxford. His career had included an unusual variety of experiences. For example, he had been associate professor of public health practice at Columbia University, lecturer in medical economics at the University of California School of Public Health, and had been associated with the United States Public Health Service. Most recently he had been medical director of the Health Insurance Plan of Greater New York.

In his first annual report (1949) to the Trustees, he gave his views on what efforts the MGH should make to further its development in each of its traditional functions. He noted that his was the first to carry an annual report from the Research Committee, and continued, "Research has been a basic function of the Massachusetts General Hospital for many years, but a reorientation of research efforts was necessary in order to advance understanding of the degenerative and metabolic diseases, to improve methods of dealing with other diseases, and to consider not only specific disease entities but also the environmental and personal factors influencing illness or well-being of the individual."³ Every Hospital department would be affected by these plans, none more than Nursing.

The vast extension of scientific knowledge, Dr. Clark pointed out, had fostered medical specialization, which in turn created the need for a team approach to a patient's illness. He believed that the Hospital should broaden its services to the community to include ambulatory patients of all income groups, not merely the poor. He hoped to establish, in collaboration with the Medical School and the United Community Services, a complete health care service for families in the area near the

Hospital from which patients in the OPD and the "House" had traditionally been drawn. Boston's urban redevelopment program played a considerable role in delaying the complete realization of this plan.

Although these proposals were peripheral to the main concerns of the Nursing Department at the time, they had implications for the future.

Ground-breaking ceremonies for the new Research Building were held on December 30, 1949. To make way for the new building, a series of changes had been necessary. It was to occupy the site of the brick dwelling originally provided for the Superintendent of the Hospital. This building was structurally sound and historically interesting. In order to preserve it, the old gatehouse in the northeast corner of the Hospital grounds, which served as a laboratory for the School, was demolished, and the brick dwelling moved to its new site. The School, in turn, was given improved laboratories in the Domestic Building, at a cost of \$22,000.

Since funds for the Research Building had not been sufficient to include the pathological laboratories, as originally planned, the Trustees approved plans for a new Pathology Building, plans that underwent many modifications before the building was dedicated in 1956. Named the Warren Building, "as a tribute to the members of the Warren family for their contributions to the medicine and surgery of the new world,"⁴ it rose twelve stories high on the site of old Ward E between the Phillips House and Thayer House on Charles Street. A ground floor corridor that passed the Baker Memorial on the way joined it to the General Hospital. The Warren Building provided space for the Pathology Department's library and laboratories, other laboratories, and five floors of offices for the recently formed MGH Staff Associates.

Another new structure erected during this period was the Vincent-Burnham Building. Since 1932, the Children's Medical Service at the MGH had been a subdivision of the Harvard Medical School's department of pediatrics, which had its clinical center at the Infants' and Children's Hospitals. Since this plan affected pediatrics at the MGH unfavorably, the MGH Trustees wished to have an autonomous Harvard

pediatric department re-established at the General Hospital. In 1935 a generous bequest for this purpose had been made by Mrs. A. Lawrence Hopkins, for over thirty years a member of the Ladies Visiting Committee, as a memorial to Marian Burnham, her goddaughter. The plans called for the use of the three upper floors of the proposed Vincent-Burnham Building. Unfortunately the government's wartime building restrictions had prevented immediate construction, but in January 1948, the Burnham Memorial Hospital with eighty-five beds for children was opened for use of both ward and private patients.

Now practically all of the land adjacent to the Phillips House was occupied by buildings. Ward I, tucked in between these two structures, in 1951 was renovated to provide quarters for the Bay State Medical Rehabilitation Clinic, with which the MGH Department of Physical Medicine was to collaborate in a program new to general hospitals. Before the World War II shortages of nurses made its closing necessary, Ward I had been used to provide convalescent care. By August 1948 the Storrow Estate in Lincoln, Mass., a bequest to the MGH two years earlier, was opened for convalescent patients. The hilltop location and spacious house provided ideal surroundings, and the distance from Boston proved not to be a liability. Nursing, too, finally acquired a new dormitory, with the construction of Bartlett Hall (Chapter 28).

The steady growth and increasing complexity of management at the MGH of course posed various administrative problems, many of them involving the Nursing Department. In 1951 Mr. Lawrence E. Martin succeeded Mr. E. Russell Greenhood as comptroller and became responsible for reviewing and revising accounting procedures, adjusting charges, and supervising and improving the financial accounting of the Hospital. The ways of earlier days are revealed in the change in responsibility for Hospital housekeeping, when Miss Katharine Donovan retired after having been matron for many of the forty years (1908-1948) that she had been at the MGH. Experienced in hotel management, Mr. Henry J. Murphy became an Assistant Director in 1953 with broad responsibilities in addition to those associated with housekeeping. Dr. Neumann, first designated the Executive Officer and after 1953 Ad-

ministrator of the Hospital, was chairman of the Administrative Committee whose members were all Assistant Directors. In 1960 only one member was a physician; Dr. Charles L. Clay was responsible for certain medical and nonmedical aspects of administration. Nurses recall that he scrutinized all accident reports from the Hospital with the purpose of protecting all concerned by having the reports accurate, complete, concise, and informative. Since the opening of the Phillips House, its nurse executive had been associated with the administration. In 1949 Mrs. Constance Wildes Braman (MGH 1932) succeeded Agnes V. Dunn (MGH 1917) in the position of assistant to the General Director. The situation in the OPD was somewhat different since a physician was the executive officer, but for decades a nurse had been supervisor of the OPD. In 1950, Margaret Meenan (MGH 1930) succeeded Elspeth Campbell (1918–1946). Mrs Margaret Matthie (MGH 1927) was appointed assistant director of Nursing Service in the OPD. Soon after her appointment, Miss Meenan's title was changed to administrative assistant, in keeping with her responsibilities. By 1954, Ruth M. Farrisey (MGH 1938), who had previously been a member of the School faculty, was appointed to the positions of executive officer and assistant director of nurses, OPD.

Nursing Service had begun its development towards existence as an entity apart from the School when Miss Johnson appointed Edna Lepper as assistant for Nursing Service. A further step towards separation took place in 1947, when Miss Sleeper became the Director of Nursing Service and the School of Nursing, with Miss Lepper serving first as assistant director of Nursing Service, and later as associate director of Nursing Service. One change among the Nursing Service group occurred in 1949 when Anna G. Griffin (MGH 1910) retired from the position of assistant director of Nursing Service in the Baker Memorial, which she had held since 1938. She was succeeded by Dorothy Perkins, a graduate of the Johns Hopkins Hospital School of Nursing. Associated with Miss Perkins were ten supervisors and assistant supervisors who, in addition to the head nurses, comprised the day, evening, and night

administrative staff. In the General Hospital Nursing Service, there were six assistant or night supervisors, an office assistant, an administrative assistant, and a supervisor of residences.

It is worth recalling that at the turn of the century there were only three officers, all members of the Training School: the Superintendent and her first and second assistants. Even at mid-century the practice of utilizing Nursing Service supervisors to teach student nurses had not been abandoned in the General Hospital. In fact, except for orthopedic nursing, all of the seven clinical supervisors participated in the School's educational program. Their value to the School can not be overestimated, but the fact remained that they could not give their full time or attention to either aspect of their work.

By the end of the decade 1950-1959, the picture was very different. In the School's catalogue for 1958-1960, Miss Lepper's was the only name (except for Miss Sleeper's) listed among the School's officers of administration. In the 147th (1960) *Annual Report of the Trustees*, so great was the change in emphasis that the assistant director of the School was the only one of eight among those associated with the School (again with the exception of Miss Sleeper) to be identified.

Nursing Service now included the nurse executive at the Phillips House, an assistant director. As the problems of administering Nursing Service had become more demanding, assistant directors had been appointed: for the Bulfinch Building, Frances G. Grady; for the White Building, S. Daphne Corbett (MGH 1925); to coordinate the Operating Rooms of the Phillips House, the Baker Memorial, and the General Hospital, Helen J. Coghlan (MGH 1928); for the Vincent-Burnham Building, Mary E. Quinlan; for the MGH Clinics (formerly the OPD), Ruth M. Farrisey (MGH 1938); and, succeeding Dorothy Perkins, Adele L. Corkum (MGH 1934) for the Baker Memorial.

The evening and night supervisors continued in their roles, but the position of day supervisor gradually diminished in importance in the School as the teaching of formal courses was done by School faculty. Thus Nursing Service personnel became solidly identified with the Hospital administration, while the School found itself in a position almost opposite to its traditional place. Effective bridges were established to

sustain helpful relationships as Service and School worked to deal with their common concerns.

Less than a year after Dr. Clark became General Director, the Korean conflict commenced, and the war pressures so briefly relaxed were felt again. An Emergency Defense Committee was organized at the Hospital, which published a comprehensive report that was approved by the State Civil Defense Authority, and designed for community use. In the autumn of 1950, "Operation Strategic" provided a full-scale rehearsal of the evacuation procedure to be followed in case of threat of an air attack on Boston. The presence of the Volunteer Motor Corps, Blood Bank personnel, and the Radiation Committee provided an unpleasant air of reality. Disaster plans were made for the storage of provisions and supplies out at the McLean Hospital, a few miles inland in Belmont. The removal of the School to McLean was contemplated—if sufficient warning were received.

Once again the MGH was threatened with the loss of doctors and nurses to the armed forces. The uphill struggle of Nursing Service to retain graduate staff nurses was made more difficult by new demands. Just as in earlier wars, the cost of commodities and the level of salaries and wages had commenced to rise abruptly, while inflation reduced the purchasing power of the dollar. It became necessary to raise the daily rate paid by General Hospital patients to what was then an unprecedented \$13 a day; the rates in the Baker Memorial and the Phillips House were raised correspondingly. Nevertheless, plans were devised to provide for future endowment, improved organization, and the Hospital's participation in a Harvard retirement plan for physicians who held joint appointments.

Amendments to the Social Security Act in 1950 made most nurses and other Hospital employees eligible to participate in the Federal Old Age and Survivors Insurance Plan. In December 1950, after more than two-thirds of the MGH employees voted in favor of the plan, the Trustees also voted to support it. After January 1, 1951, all new employees, professional and nonprofessional, who were added to the payroll were required to participate in the Social Security retirement plan,

and subsequently all were covered. On July 1, 1952, employees who were sixty-five years or over became eligible to retire under that program. In 1955 the MGH Retirement Plan became effective, and for nurses replaced the Harmon Plan, a voluntary savings plan sponsored by the ANA, which had been introduced in the late twenties to provide annuities.

In the period 1943 to 1957, despite strong efforts, the Nursing Service had not been able to provide enough nurses, twenty-four hours a day, seven days a week, to make possible the occupancy of all Hospital beds. In 1957 the Trustees became convinced that one way to induce nurses to work evening and night duty shifts was to pay them a bonus for prolonged assignment to these undesirable hours. With better residence facilities and other improvements, the bonuses seemed to turn the tide. Starting salaries of general duty nurses on daytime shifts had now reached \$70 a week; the bonus for evening duty added \$20 and for night duty, \$15. This made it possible to attract nurses to the MGH from outside of Boston or even the New England area. Dr. Clark suggested that perhaps the most noteworthy event of the year (1957) was the success of the Nursing Service in opening, for the first time since 1943, all the patient care units in the Hospital, in spite of the shortage of nurses.

By 1958, the daily rate for ward patients had reached \$28, and the Hospital's operating deficit was so great that an economy drive was instituted, and the work force was cut by 5 per cent. It had become evident that large bequests or capital gifts were things of the past, yet there was no end to the needs for funds for construction, endowment, and for the support of teaching and research. An additional \$20,000,000 was imperative if the MGH were to continue to meet the needs of a changing society and the claims of a progressive scientific program, to acquire new buildings, and to have ample endowment.

In 1955, before the Salk vaccine had become available, an epidemic of poliomyelitis occurred in the Boston area, which taxed the facilities of the MGH and Nursing Service, as it did many other local hospitals. To meet the emergency at MGH, beginning in August whole floors in the Baker Memorial and in the White Building, as well as a portion of the

Burnham (Pediatric) Building, were made ready in a remarkably short time by the concentrated efforts of such departments as Housekeeping, Maintenance, and Nursing. The communicable nature of the illness and the kinds of treatment required made special preparation necessary. White 9, which had temporarily provided luxurious teaching quarters for the School, was quickly emptied so that the respirator unit could be set up. In twenty-four hours, the Hospital's electricians had provided the necessary electric wiring and fixtures. All of the units of Nursing Service cooperated in the planning essential to provide staffing. Private-duty nurses helped, as did volunteers. As in every instance of disruption and demand, the Social Service Department filled its special role of helping patients and families.

"Polio teams" from the departments of Medicine, Neurology, Anaesthesia, and Physical Therapy were organized to provide care twenty-four hours a day. A total of 428 patients were admitted with polio in some form. Of the 376 adults and 52 children, 73 adults and 8 children were in respirators for varying periods of time. In January 1956 there were still 30 patients in respirators. In all those months, there were many moments of heartbreak and some triumphs. None of the children was lost, but 27 adult patients died.

Since the special and prolonged aftercare of polio patients made provision for rehabilitation essential, eventually White 9 was utilized for that purpose. During the months when the number of patients in the respirators was at its peak, the cooperation of all in the Hospital was similar to that at the time of the Cocoanut Grove fire. Student nurses volunteered to work during hours after they had completed their own assignments. Ten out of each group scheduled for affiliation at the McLean Hospital in August and in November volunteered to postpone this experience in order to help during the weeks when the nursing staff was most hampered by the graduation and departure of the seniors. Some of the seniors rearranged their plans so they could remain during the first weeks of September. Instructors replanned the schedules of the entering September class in order to postpone their arrival temporarily, so that the instructors could help to care for some of the polio patients. Gradually most of the patients were discharged or transferred to other

hospitals. The long period of strain and trial came to an end, and the people who worked regularly at the MGH returned to a normal schedule.

In his 1959 annual report, Dr. Clark pointed to the unmet goals of the Hospital. Of the ten objectives specifically stated in 1951, only two had been attained: the Pathology Department had new laboratories in the Warren Building, and at last the School of Nursing had new residence facilities, Bartlett Hall. However, no central building had been constructed for the School, which had passed its seventy-fifth anniversary more than a decade earlier. The School remained a distinct asset to the MGH both because of the nursing care provided by the students and because a substantial number of each graduating class remained as graduate staff nurses. Across the nation and around the world, MGHSN graduates continued to make significant contributions. "A building for such a distinguished School still remains . . . in the forefront of our needs,"⁵ said Dr. Clark.

One noteworthy event of 1955 was the fiftieth anniversary of Medical Social Service, celebrated just five years before the death of Miss Ida B. Cannon, who had been its pioneering leader. The Chief of Social Service, Josephine C. Barbour, and a committee of which Dr. James H. Means was chairman, arranged an impressive three-day celebration, which was attended by 600 people from the United States and abroad. Some of the papers presented then were published in a memorial volume. Included among them are the statements of a panel which considered the topic "Integrating the Medical Effort." The speakers on the panel included a doctor, a nurse, a social worker, a sociologist, and a medical statesman. The nurse, Ruth Sleeper, spoke of the need for sharing of knowledge among all who planned some aspects of the patient's care and of her hope that the day would come soon when the doctor would demonstrate his leadership by assembling the social worker, dietitian, nurse, and others concerned so that they could develop a well-integrated plan of care for the benefit of the patient and for a more valuable contribution by the group.

Miss Sleeper had become a statesman in Nursing at the MGH, na-

tionally, and internationally. In 1951 she was invited to attend the MGH Corporation's dinner, where she "gave a highly illuminating talk on the Nurses' Training Program."⁶ In their annual report, the Trustees expressed their gratitude for the significant advances made in the training of nurses, "thanks to the originality, ability, and enterprise of Miss Ruth Sleeper and her staff."⁷ In 1962, the Trustees appointed her a full member of the General Executive Committee of the Hospital, to provide direct communication, improve morale, and encourage closer relationships. In the annals of the Nursing Department, this was a noteworthy event.

At the beginning of Miss Sleeper's directorship it had become evident that the size of the School, and to a large degree the development of the curriculum, would be contingent for some time upon the ability of Nursing Service to employ and retain graduate staff nurses and other service personnel. As long as the School must admit two classes each year to provide a flow of students to the patient care areas of the Hospital, the overly concentrated preclinical period could not be lengthened, nor could dreams of a freshman year be realized until more residences and classrooms were provided.

The clinical portion of the curriculum could be modified only in small ways as long as the combination of too long experience hours and barely enough class hours persisted. The number of evening and night duty assignments was far in excess of their educational value, for the students had little instruction, and only minimal supervision. Not every student could be given an affiliation in psychiatric nursing, and public health nursing instruction and experience remained a senior elective available to only a few. There was a long way to go to develop to a desirable level the social and health aspects of prevention and care. Although the faculty worked industriously to improve the teaching, the content of the courses, the ward instruction, and to strengthen the interrelationships among them, they were not yet able to plan the entire curriculum and to participate in the teaching of all courses because the system of sending students on affiliations interfered.

The need for more teachers was obvious. It was met in part when two new members of the senior faculty arrived; each had a special contri-

bution to make. Helen Sherwin, appointed in 1945 to be supervisor of instruction in sciences and to teach four courses including psychology and sociology, gradually fell heir to many of the responsibilities for planning and scheduling that Miss Kempf had carried. Miss Sherwin had prepared for Nursing at the Hospital of the University of Pennsylvania School for Nurses in Philadelphia from which she graduated in 1937. Three years later she received her B.S. from the same university and in 1940 her M.A. from Teachers College, Columbia University. Between 1937 and 1945, she held positions as staff nurse, instructor of nursing arts, and educational director in various schools of nursing, the last at the Waterbury (Conn.) Hospital School of Nursing. Helen Sherwin has always been unique among the MGHSN faculty in the gentleness of her pervasive influence, in maintaining her multiple interests in improving the community, and its organizations and its people, and in her active participation in the cultural affairs of Boston, notably in the field of music.

Katherine Hardeman, the School's first full-time supervisor of clinical instruction, was appointed in 1946. Before she entered the Presbyterian Hospital (N.Y.) School of Nursing in 1934, Miss Hardeman received her B.S. from the North Carolina College for Women, with a major in physical education, a field in which she taught for several years. Soon after she graduated from the Presbyterian Hospital's school, she became Sister Tutor in the Hospital for Women and Children in Madeira, India, where she remained for five years. During this period, she took the course in midwifery at the Lady Curzon Hospital in Bangalore, from which she received her diploma in 1941. On her return to the United States in 1944, she became first the teaching supervisor in obstetrical nursing at the Protestant Hospital in Nashville, Tenn., and subsequently the assistant director of nurses. Later she received the M.Sc. in Nursing from Western Reserve University. Coming to MGH just as the first major changes in the School's programs were being designed, she displayed constructive leadership in molding both the mechanics and the philosophy of sound clinical instruction. An excellent teacher herself, Miss Hardeman helped the instructors and head nurses upon whom the School still depended for much of its teaching. Equally

important was her ability to interpret the purposes of the School's program and to try amid the stress of the clinical situation to refine the ward teaching and to keep it relevant to the clinical courses and the level of the students' needs. This required understanding, patience, and ingenuity. She worked effectively each year with hundreds of students, graduates, doctors, and others concerned with the care of patients and the administration of Nursing Service, and she enjoyed her work, which took her deep into the action where no problem was theoretical. She participated actively in the work of state and national nursing organizations as well.

The fate of the diploma-granting, hospital-conducted nursing school was one of the vital issues of the forties. The future of the MGH School, which had been in question before Miss Sleeper became Director, was the subject of painstaking analysis by the Hospital's Trustees and administrators, the Advisory Committee to the School, and the faculty. Among the factors involved were the trend towards university- or college-based education for professional nurses, the effect upon the MGH of relinquishing the School, and the relative costs of each form of nursing education. Closing the School would mean that Nursing Service must be staffed entirely by graduate and practical nurses; but a shortage of graduate nurses was evident (now and for the future), both to serve as leaders and to provide bedside nursing, and the programs to prepare practical nurses were developing only slowly. Diverse views were held among the individuals concerned, but it was generally recognized that if the MGH gave up its diploma program, the closing of other diploma schools might ensue, particularly in New England. Since these schools were the main source of nurses, their closing would seriously affect the care of patients in ways that could not be disregarded. The nurses in leadership positions at the MGH considered this a crucial point, a view that influenced the course of nursing education locally and perhaps countrywide.

After careful study of all the factors, the faculty, strongly supported by the Advisory Committee, decided to continue the diploma program.

This decision displeased advocates of baccalaureate programs, but was a source of relief to hospital trustees and administrators in general, and to nurses who were associated with diploma schools. The costs of nursing education were just being examined carefully, and federal support was still in the future. The privilege of making the “right” decision did not exist. The weight of the values held by those who had to decide was a major factor in the choice.

Improvements in the program of the MGH School commenced even before 1947 when two principles were accepted by the faculty, supported by the Advisory Committee, and agreed to by the Hospital Trustees and administrators. First, the diploma program was to be continued and given an increasingly sound educational basis to prepare graduates for the responsibilities they would meet. Unfortunately, for reasons beyond the control of the MGH and the School, specific preparation for public health nursing could not be included. Second, within the limits of its facilities, the MGH would participate in other programs for the preparation of nurses. The basic educational program leading to a diploma would of course continue to be influenced by the needs of the MGH patients. The lack of adequate facilities for classrooms, faculty offices, and library, which were accepted as essential in other types of schools, would continue to hamper the efforts of the faculty. Ways had to be found to mitigate or correct these defects.

Plans began immediately to design a new program, and to effect other modifications. The view had been growing that young women in Nursing were students and not workers, even though they were still burdened with long hours and heavy assignments of patient care. Emphasis increased on ways to facilitate the adjustment of the students to a new life in a hospital setting. Improved orientation programs were arranged for entering classes and for about 70 affiliates from other schools who had yet to learn the complexities of “the MGH way.” MGH students helped in this friendly effort by preparing an uncoercive handbook entitled *So You’re Going to Be a Nurse at MGH*. Students who had entered the clinical years did not share daily contact with instructors or have all of their classes together. The psychological stresses of being a nurse, with a nurse’s responsibilities, especially during evening or night duty,



Jessie M. Stewart
Assistant Director,
School of Nursing

had not been reduced very much, and more students were eighteen than twenty-eight.

In order to facilitate an exchange of views between students and faculty, a Student-Faculty Relationships Committee was established, which included representatives of students from all classes, the faculty, and head nurses. The student's progress towards becoming a nurse was evaluated by each head nurse. These written records were submitted to the School for review. In general, more attention was given to the remedying of defects than to crediting achievements. The values were those of the head nurse, who was obliged to consider how well the work was accomplished, the needs of the learner, and how well she learned. One effort of the Student-Faculty Relationships Committee was to share in the development of a more helpful plan. The students' off-duty life was not neglected. Through the efforts of those gentle persuaders, the Ladies Advisory Committee, fresh paint brightened dormitory rooms; gay bedspreads lifted spirits. The amount of sick leave allowed was increased to two weeks; thus more and more students were able to graduate on time.

Beneficial as such changes were, none was more important to the School than the appointment of Jessie Stewart as a second assistant director in the School; her main focus was to be on the welfare of the students. The responsibility for the area of teaching remained with Sylvia Perkins. When Miss Stewart was appointed in 1947, she was already known and admired by students assigned to the Baker Memorial floors and by those who had been in her classes. Now in her fourth year of association with the faculty, she brought to the newly created position the qualities essential to working with people; her fairness and compassion, interest and drive towards improving situations, imagination and creativity were evident. Some members of the faculty, supervisory groups, and head nurses were helped to change their views of the students, both by Miss Stewart's example and by her persistent yet gentle championing of their cause.

Another innovation designed to help the student adjust to MGH life was the appointment of a counselor, Dorothy Dissell, in place of the physical-social director. Miss Dissell's Wellesley College education and

experience both as a high school teacher and more recently as detachment commander with the WAAC and WAC provided fresh perspectives.

Some innovative ways of determining how students were reacting to their MGH experience, such as a problem check-list, added helpful insights. Graduates of the eleven-year period in which Miss Stewart was assistant director recall that they could always see her when they wanted to make plans for some School activity or to request an extra late permission. They found that she listened to their story and judged fairly if the visit entailed the need for some disciplinary action. Some students faced their problems squarely for the first time. Lonely students, those who had special need for financial aid, those who needed a friend for any reason found in her the wisdom and sympathy that tided them through a bad time. On the beach at Gloucester, where she accompanied groups of students on picnics, Jessie Stewart showed that her prowess with softball or baseball had not diminished with the years. She was active in various aspects of recruitment for the School, and for some years she was also chairman of the Joint Committee on Careers in Nursing of the Nursing Council of the United Community Services of Boston and the Eastern Massachusetts League for Nursing. Many a high school or college student decided that she wanted to be a nurse if there were women like Jessie Stewart in the profession. She had received her master's degree in guidance at Boston University, and through her continuing contacts with the BU School of Nursing she was able to follow developments in their college program at both the undergraduate and graduate levels. When the Health Division of the United Community Services commenced its Regionalization Program, Miss Stewart was appointed leader of the Study Group whose task was to develop a regional school of nursing in which several small community hospitals peripheral to Boston participated. She contributed greatly to improving the conditions that affected student life and enriched the educational experience.

While attempts were being made to help the students with their personal adjustments, steps were also being taken towards designing the overall curriculum plan. At long last it became possible for all students

to affiliate at the McLean Hospital for psychiatric nursing. To offset this gain, however, Simmons College notified the School that in 1948 it would no longer be possible to include MGH students in their elective course in public health nursing and its related field experience with the Boston Visiting Nurse Association. Increasing numbers of graduate nurse students at Simmons, and the pressures on the VNA from students in other baccalaureate programs as well, caused this decision. Since the college programs included preparation for public health nursing in their curricula, they tended to believe that the field experience should be reserved for their students.

At the MGH, a plan was made to offset this loss. To implement the plan, the School requested permission from the Trustees Committee on the School's Endowment Fund to use some of the income from the Fund. (Though it had been established in 1914, the fund had grown only to \$126,102 in 1949, the year of Miss Parsons' death.) In 1950, the use of \$2,500 made it possible to give some students a day of observation during the period in which they were assigned to the OPD. The student accompanied a nurse from the Boston VNA on her home visits, sometimes to see a former MGH patient; thus the student could gain insight into the ways the Hospital had helped or failed to help prepare him for his return home.

Norma Larson, the MGH public health nursing instructor, at the same time was working with students and teachers to deepen their understanding of the sociological and health aspects of Nursing and of the use of materials and methods for teaching patients. Through her courses in psychology, sociology, and principles of teaching, as well as in informal ways, Helen Sherwin contributed to this effort. The Hospital's contemplated shift of the referral plan from the Social Service Department to the Nursing Department helped strengthen this element in the curriculum.

With improvements such as these, as well as for other reasons, a rise in tuition and other fees was inevitable. Students who entered the School in 1944, when the tuition and fees for three years were \$55, saw the classes entering in 1946-1947 pay \$110 for their books and uniforms in addition to \$31.50 for fees, and \$241 for tuition. Later these expenses increased even further.

In making plans for the future of the School, Miss Sleeper received helpful advice and loyal support from the Ladies Advisory Committee. Still an integral part of the Advisory Committee to the School, the Ladies Advisory Committee held eight regular meetings every year, in addition to the work of individuals or subcommittees. In 1946, among the sixteen members, eleven had served more than ten years; four of them had been appointed by the Board of Trustees between 1910 and 1917. Mrs. Robert Homans, a member since 1924, had become chairman, and remained in that office until 1947. The addition to the membership of women from the field of education, commenced by Miss Johnson in 1930, had proved valuable. Jane L. Mesick, dean of Simmons College, who was the first to be appointed, served from 1930 to 1949. Public health nursing was represented in 1943 by Dorothy Carter, the general director of Boston's Community Health Association, later named the Visiting Nurse Association. Appointed by the Trustees many years before, Edna Harrison (Mrs. Paul) Jones (MGH 1910) and Edith Parker (Mrs. Thorvald) Ross (MGH 1922) continued to serve.

In 1947, through a modification of the membership rules, the Alumnae Association was allowed to elect one representative each year to serve on the committee, for a term of three years. After Mrs. Ross had resigned, the Alumnae Association in 1947 chose Helene G. Lee (MGH 1922) to become the first alumna elected to the Ladies Advisory Committee. The continuation of this plan made it possible for many graduates to share in and learn from the committee's work.

Subcommittees to consider certain aspects of the School had been operative for some time. In 1947, after visiting the dormitories, the subcommittee on housing, chaired by Mrs. Motley, presented some recommendations to Dr. Faxon. As a result, changes were made in the arrangement of rooms on the first floor of Thayer, which made possible a central front door, an adjacent office for the residence head, and social rooms converted from rooms next to the large living room. For the first time, residents of Thayer House had a place to entertain guests, men and women.

Mrs. Homans resigned as chairman in 1947, although she remained on the committee, and continued to represent them in her capacity as an

MGH Trustee. Mrs. Wilbur K. Jordan, dean of Radcliffe College, succeeded her as chairman.

At this time there commenced a cooperative venture in which Miss Sleeper helped the committee to understand more clearly the new directions in which Nursing was developing, the needs of the School, and the barriers to their realization. The interrelationships of the School and the Nursing Service were examined, and the problems of each were discussed. Miss Sleeper gave the committee advance information about Nursing developments being considered at state and national levels, including pending federal legislation. She made available the pertinent reports and studies, which were carefully evaluated by the committee. This type of activity was time-consuming, and required deeper understanding of the issues involved than many of the members could achieve. Between 1946 and 1950, several of them resigned, for various reasons.

The recognized need for a new form of organization led the committee to a plan in which broader representation of interests was a part. In the new plan, four subcommittees were set up, dealing with education, building, guidance, and extracurricular activities and residences. Members of the faculty were associated with each subcommittee. The meetings regularly included reports from the subcommittees and presentations by various faculty members who described the aspect of the School's program with which they were associated. Students were invited to describe both their extracurricular activities and the School experience. Some committee members who visited schools in other parts of the country provided information about their progress.

In 1948, the committee set out to revise its membership plan. A nominating committee was appointed, the lengths of terms of office were specified, and two new categories of membership were added. Helen Pittman, M.D., a member of the MGH staff, became the first woman physician on the committee. Miss Frances Dugan, principal of the Winsor School, became the representative of secondary education. The distribution of interests among the eighteen members of the committee now became: community, seven; education, four; alumnae, three; public health, two; medicine, one; MGH Trustee, one. This rather large committee was designed to provide a balance of interests

beyond the Hospital, consistent with a plan seen by Nursing leaders to be beneficial to schools of nursing. Additional subcommittees were appointed to learn about a particular aspect of the School; for example, one reported on the guidance program for the students, paying particular attention to some of the findings of the problem check-list to see what assistance or advice could be offered.

The year 1948 held perplexing dilemmas for Nursing, present and future. The future of the School had been very seriously considered in its seventy-fifth anniversary year, and the committee had devoted many of its meetings to the study of Esther Lucile Brown's *Nursing for the Future* (Chapter 25). The values of their diversified interests and backgrounds became more evident. As more of the long-term members resigned, a special subcommittee was appointed to determine criteria for honorary membership. In 1949, the first four past members to be so named were Mrs. Henry Bigelow, Mrs. G. Tappan Francis, Mrs. John R. Post, and Miss Sally Johnson.

In 1953, the Trustees approved a proposal that the committee should specify limits to terms of office, have a nominating committee, and elect its own members. The committee also voted to change its name. It now became the Advisory Council to the MGH School of Nursing.

Mrs. Jordan at the end of her six years as chairman summarized the recurring themes the committee had dealt with:

The critical shortage of nurses and the efforts made to solve the problem.

The development of greater understanding of student nurses and their needs.

The raising of educational standards in the MGH School of Nursing.

The modification of the place and functions of the Advisory Council in the Hospital organization.

As the chairmanship passed from her to Mrs. Lloyd Brace, Mrs. Jordan recommended that the Council should learn more about the relationship of the School to the Hospital and how this affected the life of the students.

CHAPTER 28

A Progressive Curriculum

THE first extensive modification in the School's program became effective when the September class entered in 1948. A central purpose of the changes was to give the students more time to learn the fundamentals of nursing before they were called on to take the responsibility for care and services based on these fundamentals. More time, more carefully planned instruction, more teachers were essential.

The instructors set about organizing their ideas concerning the best sequence of learning experiences and the time required for most students to acquire the education on which to base the additional knowledge, judgment, and skills needed by graduate nurses as practitioners. However, an old dilemma persisted: most employers of nurses did not distinguish between assignments appropriate for a newly graduated nurse and those appropriate for one who had a year or more of experience.

To solve this problem, the School instituted a new system, designed to give each student a chance to commence the transition from learner to practitioner in a period of time still somewhat controlled by the School. The plan developed chiefly through the work of the committee on curriculum and Jessie Stewart's efforts to provide a sound rotation plan. Since three years of training were still required by the Massachusetts Approving Authority, the School decided to convert the last 8 of the 36 months to an "internship," a term chosen despite the fact that traditional internships were based on a completed undergraduate education.

Various factors determined the choice of these time periods. Two classes a year were still admitted, so that the preclinical period could not be extended beyond 24 weeks. Since the number of course hours was not increased, the preclinical students gained some more time and in-

centive to study. They were not plunged into quite so demanding a schedule, and the teachers were able to space assignments to better advantage. The students found the preclinical the most challenging term they had yet encountered, even if their education had included some college study.

For several years the preclinical students had not been assigned to weekend experience on the wards, so that they were free on Saturday afternoon and all day Sunday. Up until 1948, the end of the preclinical period had meant elation for the students who had passed all courses and conspicuous discomfort for those who had failed some examination or course. The Director of the School bestowed caps on all the successful students in an exciting if informal ceremony in the Walcott House classroom. The others, capless, were assigned to the wards where their misfortune was readily recognized by patients, nurses, and doctors. This traumatic custom was forever abolished by a straightforward solution proposed by Miss Sleeper. Designed by Jessie Stewart, a modified cap, henceforth known as a "flat-top," was now to be worn by every student from the day of admission. A new policy was also adopted about uniforms. Then purchased from a Boston department store, the preclinical blue uniforms were seen to be too expensive to use for just a few months, particularly since the costs of the new program had increased. A one-piece dress was substituted, styled like the graduate MGH uniform, to be worn as an informal uniform in the dining room, library, and residences. The bib and apron were added to complete the formal uniform. The students voted their approval, but they specified that a pocket should be added in the skirt, although it was smaller than the capacious one in the full skirt of the uniform that was being worn. They chose to continue to wear stiff collars and cuffs and black shoes and stockings. The adoption of the cap and checked uniform for preclinical students added to their pride in their appearance and improved morale. The passing of the fitted basque blouse and the full skirt was mourned by the older graduates, but they did acknowledge that, with bib and apron added, the student made a far better impression than when the "probie blues" were worn. The subject of wearing sweaters instead of the short MGH cape was discussed; without long uniform sleeves, the capes were

not very warm. It was feared that the students would wear sweaters while providing nursing care. Eventually sweaters were approved, and the fears were realized.

After the preclinical period there were 22 months for the rotation of clinical experiences; the time included three vacations of 3 weeks each. The first vacation was scheduled at the end of the preclinical period; the second a year later, and the third at Christmastime before the internship began.

The clinical period began with the study of medical nursing or surgical nursing and the related practice. The correlated clinical experience included 8 weeks of basic medical practice and 4 weeks of diet kitchen while a 4-week block of Out-Patient Department experience equalized the rotation in the second 12-week period. Eight weeks of classes and experience in the operating room completed this 32-week span. The rotation plan made possible the assignment of groups of students of predictable size at specified dates so that Nursing Service could plan accordingly. For its part, the School assumed more responsibility for the orientation of the students to new services. Change days made great demands on all available instructors. The ward teaching program, as well as the formal courses, was developed so that the curriculum became a carefully constructed whole rather than a collection of fragmented parts. There was still a long way to go to hold the assignments of patients to students at a desirable level for learning, but the instructors worked with the head nurses to achieve better-graded experiences.

When the new curriculum was being devised, the faculty hoped to eliminate night duty during the first year and to postpone evening assignments until at least the end of the eighth month. When service needs made the continuing of evening duty assignments imperative, the decision was made to appoint the first evening teaching supervisor, to introduce the student to the mysteries of evening duty. After the head nurse had gone off duty around seven, this instructor was on hand to help the student organize her work or to deal with unusual events that might require advice or assistance. The amount of evening and night duty carried by the students was somewhat reduced at this time. The weekly clinical practice was reduced from 44 to 36 hours a week for

all but the senior students, who were not affected by the new plan.

After the assignments in medical nursing, surgical nursing, and the related experiences, the rotation plan next included three periods of 13 weeks each, during which some students left the MGH to study psychiatric nursing at the McLean Hospital and obstetrical nursing at the Boston Lying-In Hospital. Pediatric nursing experience was provided in the Burnham Memorial at MGH and in community agencies. When students returned to the General after 6 months of affiliation, time was set aside for discussion of changes and for orientation to their next assignment. In the 8 weeks that remained in the 28 months, assignments were made to medical and surgical wards where the care needed by the patients was more complex than that the students had provided during the first medical-surgical assignments.

By January of the third year, the anticipation of receiving the standard cap and beginning the internship had the seniors thoroughly excited. As interns, they had a chance to develop initiative and new skills. Both assignments and hours resembled those of graduates more than of students.

Three areas of instruction were moved from their traditional places in the course to the internship. The postponement of the operating-room experience resulted from the suggestion that the surgeons would prefer more experienced students to assist them. This was feasible since the fundamentals of surgical aseptic technique necessary for the care of other surgical patients had been a part of the nursing courses for many years. (It was in this same period of time that students were no longer assigned to the central supply room, and recovery room experience became a part of the course in surgical nursing.) The complexity of the care required by neurological patients was one of the main reasons for moving that assignment to the internship. The Massachusetts Eye and Ear Infirmary was asked to reduce the length of that experience so that the interns might have a 4-week period there. Insofar as it was feasible, the interns' requests for certain experiences were granted. They were paid thirty dollars a month during the 8 months. This decision had been reached after consideration was given to the extent of their contribution to nursing service and to the Hospital's concern lest increased charges

would deter applicants from entering the School. The use of so many thousands of dollars for stipends rather than for improvements in the educational program and the facilities seemed to some like a step backward in Nursing history.

The internship plan was hailed and imitated in several hospital schools. Some nurse educators, although they acknowledged its value as a device for balancing the needs for education with the needs for service, considered it unsound as a part of the basic program. Without it, nevertheless, many of the gains made at the MGH could not have been realized at that time and place.

During this period, the whole issue of the costs of nursing education was being scrutinized anew on the national level as well as in individual schools. It was obvious that a sounder educational program must cost more, but the sources of the funds continued to be a matter of grave concern. At the MGH it was gradually becoming possible to ascertain more accurately the costs of conducting the School. Without an adequate endowment of its own, the School continued to be almost entirely dependent on the Hospital for its support, so that when the School's program reduced its contribution towards its expenses, the position of both the School and the Hospital became increasingly untenable. With the introduction of the 1948 plan, the School increased the tuition from \$100 to \$200. Scholarships of \$100 were given to 15 promising students when they were admitted, to help them with the additional expense. By 1949, when students paid about \$176 for uniforms, books, and fees, the amount a student must pay for the three years had reached an estimated \$393. She would earn \$240 in stipends.

The new program proved to have many merits, and some benefits were noted that could not have been completely attributed to it. The year after it was instituted, the attrition rate among preclinical students became 12.5 per cent; in the previous two years it had been two to three times higher. Changes in the health program were not sufficient to account for a drop in the average number of days lost due to sickness in 1949, when a low of 2.3 days was attained. Nevertheless, the MGH students still had longer hours each week and more evening and night duty than had the students in other good schools in Massachusetts and else-

where. The quantitative data made available in *The School Data Analysis* (1949) of 1,156 schools pointed to this and other features of the MGH School that required modification. While the faculty were gratified that the School ranked among the top quarter of the schools, they realized that the improvements in the curriculum had not included strengthening the content in the area of the social sciences.

By 1949, MGH had allotted only two-thirds of the hours recommended by *The Curriculum Guide* for psychology and sociology. Between 1939 and 1949, 10 hours had been added to these two courses to bring the total to 41 hours. In the few years that she had taught these courses, Helen Sherwin had increased their value by her methods of teaching quite as much as by her choice of content, but too little time was allowed for Miss Sherwin and the public health nursing instructors to work together to help the students consider in greater depth the related subjects. The need was greater, since experience in public health nursing had diminished at the same time that the hospitals were increasing their involvement in the community aspects of the care of patients. When Dr. Clark became the General Director of the MGH, he established closer associations with the community so that there was an increased need for a knowledge of the social sciences. However, after just one year, the Boston VNA had had to terminate the planned observations, which the School had hoped to extend for all students. No other agency was large enough or sufficiently well organized to supply this experience to even a fraction of the MGH students. The best solution found was to apply towards the salary of a second public health nursing instructor the same amount that had been paid to the VNA.

The building up of a well-prepared faculty was difficult in all schools of nursing, since the pattern of rapid turnover persisted. Nevertheless, the plan of organization designed to involve all members in the work of the School was becoming increasingly effective at the MGH. There were five standing committees: executive, curriculum, nursing practice, library and teaching aids, and student personnel practices. In the early fifties the Executive Committee, of which Miss Sleeper was chairman, included Misses Perkins, Stewart, Sherwin, and Hardeman from the

School and Miss Lepper from Nursing Service. When Miss Petzold's responsibilities in the preclinical term increased, she was also included. The membership of this committee remained constant for more than a decade, thus providing some anchorage for other more recently appointed instructors. Among the preclinical and clinical faculty were only a few veterans of more than two years. The School records for 1949-1950, when the faculty were deeply involved in implementing the new curriculum, show the discontinuities. Anatomy and physiology, chemistry, and microbiology were each taught by a full-time instructor, all three of whom had been appointed in 1947 or 1948. Of the six graduate assistants now appointed to assist with the teaching of nursing to the preclinical students, one had joined the department in 1947, while a new senior instructor and the other four arrived in 1948.

It is impossible to include here the names of all of the teachers associated with the preclinical term, despite their acknowledged contributions. John Hurd, one of the science teachers, is singled out because of the unusual help that he gave in designing the new science laboratories which were opened in March 1950 on the fourth floor of the Domestic Building. In the same year, graduate assistants replaced students in both the science and nursing departments. Natalie Petzold's first appointment in the School was in 1948, when she became assistant instructor in Nursing I and II. She provided the firm but gentle strength that became so highly valued; her teaching load and departmental responsibilities increased when Sylvia Perkins became more involved with the many ramifications of the Coordinated Program, in addition to the still heavy demands of the three-year program. The leadership Miss Petzold gave to the most recently appointed assistants as they coped with their first teaching experience gave promise of her future role in the School.

Instruction in the clinical courses was provided mainly by individuals who were responsible for the supervision of nursing service on several wards or floors, a task made the more demanding by the shortages and turnover among the graduate staff nurses, and the inevitable complications caused by the new curriculum. Among the group involved with medical nursing, surgical nursing, the surgical specialties (orthopedics,

neurology, urology, and gynecology), and operating-room nursing, there were three whose association with the School went back to the war years: Marie Scherer Andrews (MGH 1936), Adele Corkum (MGH 1934), and Frances Grady. The other five supervisor-instructors had been appointed in 1947 or 1948. There were also new appointments in 1948 to the position of supervisor-instructor and her assistant in pediatric nursing. The progressive changes made in the School's program in the period 1949-1950 are the more remarkable in that, of a total of twenty-six persons concerned with instruction, seventeen had held their positions less than two years, and only the Director had held her position for as long as ten years.

In 1950 Ruth Farrisey (MGH 1938), who had been a part-time instructor in public health nursing, succeeded Norma Larson and became coordinator for public health nursing. Thus commenced an association with the School, and subsequently the Hospital, which continues to the present. In addition to her sound knowledge and experience, she brought contagious enthusiasm for a progressive curriculum. Miss Farrisey and Miss Sherwin also helped teach some of the courses given in the pre-clinical years of the Coordinated Program (Chapter 29) before it had attained a faculty of its own.

The Palmer-Davis Library remained in its small quarters in the Moseley Building. From 1946 to 1949 Theresa Strong was the full-time librarian. Because of her interest and energy, the irregularities of the war years were corrected, and she was able to provide services needed by students and faculty as long as her health permitted. Since the librarian had no working space except for her desk, and no assistants, the library had no possibility of expansion and the position of librarian had little appeal for the graduates of college schools of library science. The School was therefore fortunate in interesting a woman of rare personal traits and special qualifications, Edith Dwight Gibson. She had begun her professional life as an assistant in a branch of the New York Public Library. Later she was in charge of the library of the American Society of Civil Engineers. Subsequently for twelve years she catalogued the historical collections of individuals and museums, and was highly valued for her accuracy and attention to details. During the two years before

she came to the School, she was head cataloguer at the Boston Athenæum.

Miss Gibson joined the faculty in 1949 and remained until 1961, working all of that time in the same inadequate quarters, and she was an excellent manager of all of the library's business. No instructor had to feel concern lest the books she wanted placed on reserve for her course might not be ready—even if she had been late with her request. The room, so heavily used, was kept in order, and often decorated with flowers that Miss Gibson supplied. Some students and teachers felt considerable awe in her presence, or found it difficult to make contact with a person so far removed from their own experience, although they appreciated her efficiency. She served as chairman of the Library Committee for a number of years, and helped the faculty to realize better their responsibility for keeping the collection timely by casting out obsolete materials and recommending new ones.

Because the educational facilities and residences were limited, restricting the number of students enrolled in the School to a maximum of 325 was considered, but in 1949 the MGH pressures for nursing service made it necessary to increase the enrollment by 15 per cent. There was no shortage of applicants for the September class; 90 students were chosen from about 500 applicants. The trend towards diminishing numbers for the March class was well established, in part because high schools no longer had February graduations. Some schools of nursing had already eliminated a spring class, but at the MGH it was necessary to admit about 150 new students each year, and there were no accommodations for a single class of that size. The increased enrollment necessitated the re-opening of the 23 Parkman Street House. Soon double-decker beds had to be put in single rooms. To make way for the entering September class, a previously unthinkable plan was worked out. About 25 seniors nearing graduation, who were to return to work at the MGH, were given a housing allowance to locate in nearby apartments. When more than 90 students were admitted, the laboratories equipped for 30 in each section were overcrowded. Students and faculty alike found the large numbers to be a deterrent to discussion and other favored methods of instruction.

In 1950 all clinical courses were taught in four sections, which increased the load on the teachers and complicated the scheduling. The impossibility of adequately teaching and supervising such large numbers was recognized; at the same time, the possibility of finding instructors had diminished, as all schools sought to augment their faculties in response to the accreditation and the School Improvement Program of the NLNE. In 1951, under the direction of Miss Hardeman, 8 recent graduates were added to the faculty to teach and guide students, particularly as they undertook new clinical assignments. The implementation of the educational plan commenced in 1948 clearly required many more teachers.

At the end of three years, some tangible gains could be counted. The attrition rate had dropped from 17 per cent (1948) to 11 per cent (1951). The total enrollment had reached 374. The health records showed less illness among the students. The faculty and their associates in service agreed that the students appeared happier and less pressured than those of previous classes. There were not many reliable measures by which to determine the levels of achievement at the end of 28 months, as compared with 36 months. It was generally conceded that the students were as well informed as their predecessors at the end of 28 months, but not until the end of the internship had their skills and speed of accomplishment attained the usual senior levels. Since everyone was eager to have some better measure of their achievement, this first class was tested at the end of the 28 months without allowing time for review.

The tests used were the Graduate Nurse Qualifying Examinations prepared by the NLN, and used by colleges and universities to determine the clinical nursing needs of graduate nurses who sought admission to a program in which they could complete the requirements for a bachelor's degree in Nursing. The results of these tests were reported in five categories, ranging from superior to poor achievement, in the areas of medical, surgical, psychiatric, obstetric, pediatric, and communicable disease nursing. The gratifying results indicated that the MGH students had acquired substantial knowledge. Over 50 per cent were rated superior or above average in all areas; none was rated "poor" in any area. The lack of opportunities for caring for patients with com-

municable diseases on a segregated service was a factor in causing the "average" scores in this area. The absence of this experience at MGH had concerned the faculty for some time, but only an elective affiliation for a few students each year was available.

The same tests were administered at the end of the internship. The results indicated the value of the additional experiences and the associated in-service type of conferences. The students recognized their increased abilities to deal competently with patients whose needs for complex nursing care were greater and to take responsibility comparable to that of the graduate nurses. The students had taken more initiative in learning, and they had become increasingly able to discuss with the faculty what they saw to be the strengths and shortcomings of this "trial run" of the experimental program. Adjustments had been made during the three years, but now, with the whole experience completed, it was possible to benefit from the freely expressed views of students and teachers and to utilize also the feedback from head nurses and supervisors. Progress had been made along many lines. The faculty had joined more than ever before in a cooperative venture, as they assumed greater responsibility for the entire educational program. In many ways, the plan had adverse effects on those responsible for Nursing Service because the students were no longer essentially workers, to be assigned according to the needs of the area. The understanding and cooperation of the head nurses, the day, evening, and night supervisors contributed significantly to the success of both the basic program and the internship.

Since School and Nursing Service shared in efforts to realize some goals, and yet had increasingly independent programs, a coordinating council was formed so that mutual problems could be discussed by the members of the School's Executive Committee and the seven assistants responsible for Nursing Service in the areas where students were assigned. With Miss Sleeper as chairman, the Council provided valuable opportunities for each group to explore the implications of the plans most likely to affect the other, to evaluate actions taken, and to foster understanding between School and Service. The very fact that such a

group was useful indicated the extent to which the aims of each had diverged. (By 1968 changes brought an end to the Council.)

The faculty's increased involvement in developing the new program was paralleled by their increasing participation in other activities of the School. Unlike a college, in which individuals were appointed to deal with recruitment, admissions, financial aid, student welfare, and placement, in hospital schools these functions were carried on chiefly by committees of the faculty. At the MGH the membership of these committees was reviewed annually, and usually a new chairman was appointed, in part to distribute the responsibilities as evenly as possible. In 1950–1951 the proliferation of committees reached an all-time high. The Committee on Student Personnel Practices, of which Jessie Stewart was chairman, had nine subcommittees. Guidance and evaluation posed some of the most difficult problems. A nursing school faculty was expected to follow each student's development and adjustment, to evaluate and record her progress, and to provide necessary guidance. Progress reports were prepared at about six-month intervals for nearly 400 students. These summaries were useful to each student's faculty advisor, and when a student's readiness for an affiliation was being considered; they were also the source material for the final report prepared by the Director when the student graduated. All teachers needed to work together to determine the appropriate criteria by which to assess the student's progress. Expectations varied widely because of the different values and experiences of the instructors, and to shift from a service orientation to an educational view was one of the most difficult tasks they confronted. The instructors, generally speaking, were not prepared for guidance functions, and they had to learn how to avoid the possible pitfalls for both the guided and those who sought to guide. During one year, later in the decade, this subject became the focus of a valuable faculty "in-service" educational program under the direction of Dr. Dana Farnsworth of the Harvard Medical School faculty with the assistance of his associate, Dr. Preston Munter.

Opportunities for personal development also received attention from committees and individuals. The extent of the initiatives taken by stu-

dents depended largely on the interest and talents of a few, and there was considerable ebb and flow in their efforts. The students' paper, *The Drawsheet*, flourished and withered and bloomed again; sometimes it appeared in printed instead of its more usual mimeographed form. The activities fostered by the SNCA had continued at a creditable level largely through student efforts.

When Helen Church in 1950 succeeded Dorothy Dissell as counselor, the students found that a vigorous and knowledgeable advocate of "Broader Horizons" had joined them. A graduate of Mount Holyoke College with a master's degree from Teachers College, Columbia University, Miss Church had had experience as teacher, principal of private schools for girls, and personnel director of St. Luke's Hospital in New York City. Most recently she had been assistant principal at the Ten-acre School in Wellesley. She knew the cultural and recreational resources of the greater Boston area and many of the people associated with them. To enlist and sustain the interests of students, immersed in the study and work of a school of nursing, was a challenge. She found creditable the School's concern for the individual student; the policies were more liberal than a few years before, and better student and faculty relationships existed, the genuinely good feeling of each towards the other being openly acknowledged. She learned that new appreciation and insight had been developed by both teachers and students through their association on various committees. A review of the educational and personal background of the students revealed substantial differences, but many from small communities and high schools felt lonely and lost in such a large and demanding situation.

During the first several weeks, Miss Church visited the dormitories, talked with the residence heads, and attended meetings of students and groups of teachers as well as the faculty meetings. From these meetings she concluded that the School emphasized almost entirely the training for and adjustment to professional life, and excluded most of the social, recreational, and cultural experiences that were necessary to develop a complete personality. In October, she presented to the Ladies Advisory Committee a tentative plan to supply some of these lacks. She realized

that most MGH students could not afford a costly plan, but suggested a program in which they could expand their acquaintance with the community (a plan initiated by Helen Sherwin) by visiting museums, attending concerts and the theatre, and seeing historic buildings in Boston and surrounding communities. Classes in dancing, drawing, and painting could be offered at the MGH, and a style show and a demonstration on the use of cosmetics could lead to sewing classes, to improving posture and grooming. In the past, when activities had been made available, all students had been required to sign up for at least one, but Miss Church preferred to avoid any hint of coercion.

A committee of students and some faculty helped realize the aims of the program. In addition to doing most of the planning, the students sought the help from people at the Hospital and in the community. In 1951 the Hospital's executive officer, Dr. Ellsworth T. Neumann, became a member of the committee. Genuinely interested in the students, he gave helpful support. For the MGH School of Medical Illustration, a teacher was provided from the art classes. For some time the Glee Club was directed by an assistant to Professor G. Wallace Woodworth, the director of the Harvard-Radcliffe Glee Club. Speakers were found for a series on current events. The gymnasium of the nearby Brimmer-May School was made available for basketball. With the assistance of Miss Sleeper and Miss Stewart, Miss Church paved the way for the addition of activities sought even by a small group. She introduced the popular Birthday Teas in the Walcott House living room, for students whose birthday came that month. The Dietary Department, now under the direction of Louise Hatch, supplied for these teas a large frosted cake complete with greetings. Members of the faculty whose birthdays coincided each month were invited to be hostesses at these parties. The enjoyment engendered by the various activities was welcomed by faculty and students alike.

Despite the added opportunities to participate in social programs and the advantages of the revised curriculum, the School's attrition rate rose. It had never approached the national rate of over 30 per cent, but 9 per cent in 1953 was cause for action. Of the 31 students who resigned from

the diploma program, 18 were preclinical students; the other 13 were in the first or second years. The teachers associated with the preclinical term and the Executive Committee decided that the problems arose not from the students' lack of ability, but from the still-too-heavy class schedule. Some who resigned had found that they did not like Nursing, but others had failed to maintain passing grades. A new policy was introduced that allowed selected students to resign, to take a period of rest, further study, or employment, and then to re-apply for admission. In 1953 ten students who were re-admitted maintained a satisfactory scholastic level and demonstrated their ability to provide good nursing care. Miss Sleeper said in her annual report to the Trustees that in the next year a study would be made to determine how, without jeopardizing the whole program, the preclinical period could be lightened. She continued, "The student in our present program is ready to make a rapid and effective adjustment to the wards at the end of the first six months. Whatever changes are made in the future should help and not retard this adjustment."¹

Students who withdrew after being in the School longer than six months usually did so because of sickness or their wish to marry. Another change in policy in 1953 permitted students after the first six months to marry and yet remain in the School. This did not bring about the desired results, however, since many of the married students soon left the School to move wherever their husband's work demanded.

A third concern was that many students needed to earn some extra money for their personal expenses. Unlike college students, those in hospital schools had few such opportunities. The scholarships provided by the Hospital or granted by outside groups did not suffice. Great care was used by the faculty and those concerned in Nursing Service to work out wise and fair arrangements for limited hours of employment. Students were paid to assist in the library, in residence offices, in the Flower Shop, and on certain wards under specific regulations, if the need existed. It was not long before the budget could no longer cover all the requests. Often more students wanted to work on a ward in their free time than the ward could absorb. Nevertheless, this helpful policy was

continued though its form was later modified. Graduates of earlier days found it hard to believe that times had changed so much that students had either the time or energy to wish to take on extra work.

A growing feeling of optimism among those associated with the Nursing Department in 1951, even in the face of many obstacles, derived in no small part from extremely good news. After nearly forty years of patchwork solutions to the problem of the School's housing needs, the Trustees announced the building of a new nurses' residence, Bartlett Hall. Long recognized as urgent, better accommodations for both graduate nurses and students had become imperative, since living arrangements were often the decisive factor in the employment of graduates, particularly if they were strangers to Boston. The Trustees had long known that a generous bequest to be used for a residence would be received one day, but in the meantime the legacy's value diminished as the value of the dollar fell and building costs skyrocketed in this new period of inflation. When the bequest became available, additional funds were sought, and the construction was authorized.

More than half of the funds came from the estate of Mary Bartlett (Mrs. James B.) Noyes, the great-granddaughter of the Reverend John Bartlett whose effective letter had contributed to the founding of the MGH. The balance was contributed by many friends, and included a gift from the Hyams Trust, which provided the furnishing for the first floor. At a cost of over \$1,000,000, this attractive modern building was planned to accommodate 88 students and 66 graduates. Occupying an area along the east boundary of the Hospital's land on Blossom Street, the building was intended to provide comforts and conveniences to equal those of the most up-to-date dormitories to be found on local college campuses. The experience of several members of the Ladies Advisory Committee was invaluable in the planning; students and graduates made suggestions and helped to make decisions. The Alumnae Association was working diligently towards the considerable goal of several thousand dollars that it contributed.

On March 17, 1952, a bleak cold day, good cheer offset the piercing wind from the Charles River as the enormous steam shovel was used

during the ground-breaking ceremonies. Applause rang out when Miss Sleeper had her picture taken as she operated the controls. At the luncheon for about 60 guests, Mr. Phillips Ketchum, the vice-president of MGH, presided. Among the groups represented were the Ladies Advisory Committee, the Alumnae Association, the faculty of the School and the administrative staff of Nursing Service, and the student nurses. The Hospital administration and the Visiting Staff, represented by Dr. Walter Bauer, Chief of the Medical Staff, and Dr. Edward Churchill, Chief of the Surgical Staff, made brief speeches.

By December 8, 1952, the cornerstone had been laid, and in April 1953 Bartlett Hall was dedicated. At Open House and the June Homecoming, MGH graduates marveled at what they saw. The east-west orientation of the building and the picture windows provided sunlight for the rooms, whether they faced Blossom Street or the Bulfinch yard. The main entrance was from the yard, but guests could use the Blossom Street entrance instead of having to enter the Hospital. Seven of the nine floors provided the most luxurious living quarters to be found at the MGH. Large attractively furnished bedrooms were arranged in clusters on either side of a central corridor. Quiet and privacy were achieved by providing an inside passageway and closets between the main corridor and the bedrooms. The closets, equipped with sliding doors, provided ample storage space for each student, and an area that permitted her evening dresses to be hung clear of the floor. What seemed the greatest miracle of all was that each unit of rooms had its own bathroom. Each floor contained an area in which were provided a kitchen, space both indoors and out where small groups could enjoy eating together, and an adjacent space for a washing machine and a dryer. The lively colors of the tables and chairs provided a cheery accent.

The first and ninth floors were to serve special purposes; the one formal, and the other for recreation. The large room on the top floor, gay with colored contour chairs, was equipped with stove and refrigerator, television and radio, and an outside space for sunning. It was ideal for a game of ping-pong or bridge, or a small or large group meeting. No one would be bothered by the noise up there and attire could be as informal as anyone wished. One level of the first floor provided a re-

ception desk and bank of mailboxes, several areas in which to receive guests, and its own kitchen, which facilitated entertaining by the residents, the faculty, or the Alumnae Association. A spacious suite and adjacent office had been provided for the head of the residence. Individuals, several classes among the MGH graduates, and the Alumnae Association had contributed such gifts as china, silver, and a tea service. To connect the upper level with the lower one, there were large planters filled with growing ferns on either side of the short stairway. At the top of the staircase one faced the stark white north wall, which framed an enormous fireplace. The colorful divans and chairs on a blue-green rug provided arresting contrast. Ceiling-to-floor windows occupied the west wall. This room achieved dignity without austerity. It became a popular location for teas and for some of the School groups to meet. As Miss Johnson had prophesied, Bartlett Hall did become a delight to those who occupied it and an object of pride to the faculty and the alumnae.

Within five months of the time the first 88 students had moved in, a disappointing development began. Already the ratio of graduates to students had been reversed because the need for graduate staff continued. The opportunity to live in Bartlett Hall, as Miss Sleeper noted in her annual report for 1953, was often the crucial factor in a nurse's decision to work at MGH. Thus the pressures were renewed on the Trustees to provide apartments off the Hospital grounds for graduate nurses. The planning for urban redevelopment in the West End was moving ahead slowly, but it offered the best hope of providing better living arrangements not only for nurses but for the house staff as well.

New demands on the School's faculty began in 1953. The School was to be evaluated in 1954, to determine how well it met the current criteria for accreditation. In the years following its original accreditation in 1939, the School had maintained its status on the basis of a detailed annual report submitted to the National Nursing Accrediting Service. The preparations for a survey and visit were even more comprehensive. The faculty supported accreditation as a major means of improving nursing education. The benefits of a comprehensive review of the School's en-

tire program were acknowledged. Many improvements had been achieved in the last fifteen years, but some needs were still unmet. On balance, however, the School seemed to have moved ahead in accord with many of the standards of contemporary nursing education; the excellence of the Hospital and the advances being made by Nursing Service were additional strengths.

Since the school data analysis and the publication in 1950 of *Nursing Schools at the Mid-Century*, nursing schools had made vigorous efforts to work towards the attainment of accreditation. Those already accredited were even more eager to keep up with the best in curriculum practices. The attempt had been fostered in many ways by the efforts of national, regional, and state groups. In 1949 the publication of the *Manual of Accrediting Educational Programs in Nursing* had helped to provide a school faculty with specific information about the policies, procedures, and criteria used in the evaluation of programs. The Department of Services to Schools of Nursing of the NLNE had prepared materials useful in curriculum development, since its main function in the early fifties was to stimulate this kind of improvement in all types of nursing programs at both the undergraduate and the graduate level.

In 1950, the NLNE sponsored the first curriculum conference at which representatives of all of the national organizations and certain of their committees concerned with curricular interests came together to assess their progress and to seek a clearer view of how to prepare the personnel needed for nursing services throughout the country. Many blocks still remained on the road to this goal. An acceptable definition of Nursing had not been framed. There was no agreement about what a nursing student was being prepared for or about how noncollegiate and collegiate programs differed. It was also found that many hospital schools had regained their equilibrium to a considerable degree after the shocks generated by the publication of *Nursing for the Future*. The sixty participants in the conference (including two from the MGH), all of whom held important positions in Nursing, came from all parts of the country. Those who attended the conference gained perspective and insights and a sense of increasing momentum and direction in Nursing.

One characteristic of the emerging efforts to provide a different

structure for the professional nursing organizations was the involvement of groups outside of Nursing, which had important contributions to make. In 1952, when the NLN was formed by combining the NLNE, the NOPHN, and the ACSN (Chapter 26), this philosophy affected accreditation as well as other activities. Henceforth the responsibility for establishing the principles, policies, and procedures of accreditation was not the exclusive function of nurses, but the development and implementation of criteria to be used in accreditation did remain the responsibility of nurse educators. In general, the process of accreditation continued to be similar to that of the NNAS, the program being evaluated by a board of review composed of nursing educators from programs of the same kind as the one under review.

Various kinds of help became available to faculties, whether they sought initial or continuing accreditation. The NLN conducted regional conferences at which specialists in the field of education led discussions about curriculum development. Experiments were suggested that would increase the vitality, soundness, and richness of the curriculum. Useful publications were issued. Instructors were helped to understand more fully the relationship between the philosophy they accepted and the changes in the students' behavior they sought to bring about. Both faculties and members of state boards of nursing had benefited from studying the types of test questions in the licensing examinations that had been developed by the League's Department of Measurement and Guidance for the purpose of determining what the students understood and how well they could utilize their knowledge in nursing situations. Through the ANA's Committee on State Boards of Nursing Education and Nurse Registration, these groups increased their consideration of the many improvements in the schools. The faculties of college programs, who were able to undertake imaginative initiatives, shared their methods and achievements.

During these years, colleges and universities were trying to determine a sound base on which to build their post-baccalaureate nursing programs. Such programs had not developed far, partly because no very clear idea existed of what their content should be. After many years of concentrating on providing the extension of diploma-school education

that led to a baccalaureate degree, what appeared to be the end of this practice was just coming into sight. By 1950, the University of Chicago focused only on post-baccalaureate programs in its department of Nursing. Teachers College sought to follow suit. Efforts were being made to provide clinical nursing programs at the master's level but the unevenness and deficiencies at the baccalaureate level presented obstacles. In some ways the advances being made in nursing education were more unevenly distributed over the spectrum of programs than ever before. As requirements for baccalaureate and master's programs were raised and programs for graduates of diploma schools were being phased out, the faculty and the graduates of hospital-conducted schools had considerable cause for concern.

A sizeable number of the MGH School graduates went on soon to attain an academic degree. There was also a good reason for the School's faculty to work towards correcting any features of the program that might deter desirable applicants to the School from applying. The best hospital schools and the good college programs at this time were competing for the same high school graduates. Accreditation had become one of the chief ways by which high school guidance counselors and students could determine the desirability of a school.

As the MGHSN prepared for the accreditation visit in 1954, complete statistical and descriptive materials had to be assembled and submitted in advance of the visit, to provide a basis for preliminary review. To include information about what was done and how it was accomplished, the faculty must scrutinize every aspect of the program, from the guiding philosophy to the plans for future development; they must also bring up to date an account of the School's activities. Groups of teachers who had worked out integrated courses had to indicate how the course was developed, by whom the elements were taught, how the clinical experience and the instruction supported each other, what the related ward teaching consisted of, who evaluated the student's progress—and more.

The report was expected to reflect nine principles of organization and administration: the educational philosophy and purposes of the School, the organizational plan, the preparation of the faculty, how they worked

and their program for development, the policies related to student personnel services, the continuous development, implementation, and evaluation of the curriculum by the faculty, the clinical resources of the MGH and the other hospitals with which there were affiliations, the facilities and atmosphere in which the program was carried out, and the system of records. The visitors must also have available copies of such material as course outlines, the minutes of all committees, the rotation plan for clinical assignment, and schedules for classroom and ward teaching.

At the MGH, where the visit took the best part of a week, conferences had been arranged with the Hospital's Director and Administrator, with members of Nursing Service, with teachers, and with students. Facilities were visited, some teaching sessions attended, and some observations were made in the patient care areas. By the end of the week, the eyes of all involved were glazed, and they felt as though they had had several uninterrupted periods of night duty strung together. (The daily School schedule had of course been maintained throughout.) When the visit ended, there was an overriding sense of accomplishment and a further recognition of the benefits of the self-analysis necessitated by the accrediting process.

While awaiting the results of the decision of the Board of Review for diploma programs, the faculty went on with its work of improving every aspect of the School that it had the power to affect. It is usually more comfortable to live with acknowledged lacks when they have been submerged beneath the load of daily work. When these needs are viewed in the revealing light of an outsider's scrutiny, they are unpleasantly magnified. Miss Sleeper and all others on the faculty were acutely aware of the need for a School building with better classrooms, more offices, and a larger library. They knew that, even with the reduced hours of ward assignment, the student's hours of caring for patients were still too long, and her study time too limited. An even distribution of class hours in the various terms had not been achieved; the demands on the students in the first six months were still too great. These could not be corrected by faculty efforts alone. Renewed interpretation of these and other needs had to be made by Miss Sleeper to the

Hospital's Administrators and Trustees. Not infrequently, added pressures from outside of a school accomplished what urging from within could not achieve.

The School received notification of its continuing full accreditation in 1954, and of the ways in which certain criteria had not been completely met. The findings were shared with the Director of the Hospital, the Advisory Committee to the School, and the Trustees. With the understanding and cooperation of all concerned, there was ample reason to hope that the next survey for accreditation would find all criteria more fully met.

CHAPTER 29

The Association with Radcliffe College

A WORKABLE plan to combine a nursing education with a liberal arts education, so long a dream of Miss Johnson and her faculty, had been realized in 1946 with the establishment of the Coordinated Program developed by the MGH School of Nursing and Radcliffe College (Chapter 23). This did not take the place of the MGH School, which continued to offer training leading to a diploma, but functioned as an allied entity. The Coordinated Program, which existed for twenty years, can be reviewed best in two parts, since the original plan was revised in 1957. The first blueprint for the Program—a course of study designed to span five and a half years—was based on two major premises. Radcliffe College had stipulated that no preprofessional course might limit in any way the breadth of general education, the students' freedom to choose among the then twenty-nine available concentrations, or interfere with completing all requirements for Radcliffe's A.B. degree. While the School of Nursing agreed with the basic tenet that preparation for Nursing would be additional to instruction in the liberal arts, it also proposed that the curriculum for Nursing should meet as closely as possible the best standards of accredited nursing schools conducted by colleges or universities as well as the School's own ideals. The general plan adopted in 1946 was the result of the efforts to design a program in accord with these premises.

Early in 1946, attractive illustrated brochures were ready for distribution. The information included statements about the importance of Nursing among the health programs of the nation and the variety of challenging opportunities open to young women who had added professional training to a broad general education. A career in Nursing, it was pointed out, increasingly required that the nurse have more educa-

tion in order to keep pace with advances in the medical sciences and with the newest developments and practices in Nursing. A program designed to accomplish this would

give the student both full scope for her intellectual interests and the opportunity to develop an awareness of her social responsibility as a citizen. . . . The unique quality in the plan evolved by Radcliffe College and the School of Nursing is that it attempts to provide for a student who has already chosen her vocation a well-rounded liberal education, to which is imparted the stimulus of a professional goal. It is the confident expectation that both the liberal arts and the professional training will be strengthened by this intermeshing program of education. This is a pioneering step, taken in the conviction that the role played by women as nurses can be immeasurably enhanced by opening to them the whole range of liberal arts.¹

The opportunities and the advantages afforded by each institution were presented from both the educational and social points of view; emphasis was placed on the student's residence at Radcliffe, which allowed her to participate in the clubs, sports, and other aspects of campus life during her four college years in the Program.

Admission to the Program and the allocation of scholarships were the responsibilities of joint committees appointed by Radcliffe and the Coordinated Program. Radcliffe carried on the administrative direction that pertained to the college, and the MGHSN was responsible for all other aspects of the Program. Certain other information about the original plan is essential to understanding the dilemmas, the reactions of students, and the reasons for subsequent modifications. In order to meet all of the requirements and yet hold the total time under six years, both the preclinical courses in nursing and all requirements for the A.B. degree were to be completed by the end of the fall term of the fourth college year. In February of that year, the clinical phase of the nursing program would commence, and would be completed in February of the sixth year. While vacations were interspersed throughout the Program, actually no summer was free because, when the students were not studying at Radcliffe, they were taking courses at the MGH. Thus any period of time adequate for earning money was eliminated, a circumstance that required both Radcliffe and the MGH to provide generous

financial aid. To the substantial expense of attending Radcliffe, the nursing program added a relatively low sum, which in the earliest years was about \$300 for tuition. Books, uniforms, various fees, and board and room in some summer sessions increased the costs considerably.

Understandably, there were numerous obstacles to the full realization of the objectives selected. It must be recalled that Radcliffe College was influenced by the regulations of Harvard University, whether they related to criteria for admissions, requirements for a degree, prerequisites for studying a subject, or the department in which a subject was taught. In the University, professional education, including teaching, was offered only at the graduate school level. Many courses essential in nursing education, such as anatomy and physiology, were offered only by the medical school, and admission to them required the completion of many prerequisite science courses, which themselves involved several years of study.

A major problem, which was never ideally solved, was procuring qualified faculty. Initially, chemistry was the only preclinical science required for admission to the Coordinated Program, and was taught by Harvard faculty. Since Harvard's policies did not allow it to supply instructors to teach the biological and social sciences at the MGH, such teachers had to be found elsewhere. They were often located through the cooperation of the Radcliffe College Appointment Bureau; sometimes the search involved the placement offices of Harvard, Boston University, and Simmons College; or a teacher was obtained through one of the research departments at the MGH. Occasionally, a faculty member of the MGH School had both the preparation and time to teach a preclinical science. An added problem was the lack of continuity. Once an instructor was located, oriented to the students' background and to the curriculum and purposes of the Program, there was no guarantee that he would be available another year. In the preclinical science courses, no one remained for longer than four successive years.

The preclinical portion of the general plan met some criticisms from both students and teachers. The courses were distributed among the fall, spring, and summer terms of the first three years. In the freshman year, the students studied chemistry at the College, and came to the

MGH one afternoon a week, for an orientation to Nursing. Radcliffe's stipulation that no preparation might be required for this orientation was one of the factors that interfered with the development of a satisfactory course. The MGH faculty and the Radcliffe students had opposite expectations from the course; thus both groups were frustrated and dismayed at the very time when a positive view of Nursing and a good relationship with the instructors were essential. This traumatic situation was not fully corrected during the first ten years of the Program. Originally, this course was intended as the prelude to the beginning course in principles and practice of nursing, which was given in the following eight weeks' summer term. Subsequent changes in the Harvard calendar made possible some desirable alterations, among them the postponement of the teaching of nursing arts until after the students had studied anatomy, physiology, and more chemistry. On the other hand, students thus lost the opportunity to determine their interest and aptitude for Nursing until a year or two later. Whatever the plan, the courses in anatomy and physiology, chemistry, microbiology, and nutrition were taught during the first three years. Either the sophomore or junior summer might be free, so that one long vacation became available.

During the first four years, each student took the courses at Radcliffe that were appropriate for the concentration she had selected. Since the MGH instructors had no opportunities to confer with any of the Harvard faculty, their knowledge about the courses came only from the deans of instruction and from the students' comments. The contacts between the College and the School of Nursing were limited to the administrative level. Nevertheless, the College officers were helpful, and they gave time to meetings and planning that had to be extracted from their full schedules. Their support was appreciated greatly both by the students and by those at the MGH who were associated with the Program.

From the first, the small number of promising students who elected the Program was disappointing. Recruitment was undertaken by both Radcliffe and the MGH, but there were certain handicaps. The offer of a nursing course was never a selling point in attracting students to Rad-

cliffe, and it was not featured prominently, but only as one of many possible fields. Sometimes it seemed that there was a conspiracy of silence concerning the existence of a nursing program at the College, and some ambivalence about such a program was apparent in the Harvard-Radcliffe community. However, in its own fliers and brochures the MGH School for many years featured both the Diploma and the Coordinated Program.

Radcliffe had set 12 as the highest number of nursing students it could accept in any one year. Recruiting efforts never produced more than 14 applicants, of which those accepted varied from 4 to 9 each year in the period 1946–1955. Radcliffe rejected some applicants on the basis of their scholastic record or other factors. MGH rejected some, usually because of the applicant's health or unsuitability for Nursing. It is no wonder that these few nursing students were unrecognized among the 1,200 enrolled at Radcliffe, most of whom did not realize that the Coordinated Program existed.

Eighty-seven students enrolled in the Coordinated Program during the period 1946–1957. Of these, 21 left both the College and the Program at some time during the four college years. The reasons were many. When the freshmen arrived at Radcliffe, few of them had any idea of the great variety of fields of study they would find. Few had a clear idea of what they wanted to study, and fewer still had in mind any specific vocation that they wished to follow after graduation. Some enrolled in the Coordinated Program experimentally, without any particular interest in Nursing,² and several wanted to find out if they might like to go to medical school.

In planning the curriculum, the Program had sought to achieve a balance between the traditional emphasis on the patient's illness and therapy, and ways to foster health maintenance for individuals and families in their home environment. During freshman orientation, when the students took field trips to Boston neighborhoods and were assigned to the OPD as observers, their attention was called to factors related to the patient's family, his mode of earning a living, some of the economic considerations associated with his illness, the role of nutrition, and the

like. This approach to Nursing was unpopular with the Radcliffe students, whose interests tended towards the dramatic correction of formidable pathological conditions.

The strength of the commitment to Nursing varied markedly, sometimes depending on how long the student had wanted to become a nurse. A few merely wanted a useful occupation to fill the time between graduation and marriage. The choice of a nursing program, even associated with Radcliffe, was sometimes viewed with dismay or distaste by one or both parents, teachers, and friends. "Why Nursing? Why not Medicine?" was a common reaction. A young woman had to be sure of herself and comfortable with her choice if she were not to be diverted from her goal.

A further deterrent was the design of the Coordinated Program. In order to complete the required preclinical courses, a student had to make the decision to enroll no later than her sophomore year. Chemistry I—a prerequisite—often seemed too formidable or actually proved to be the downfall of a student, particularly if it was her first course in that science. If she enrolled and then wanted to drop the nursing course, she could complete her studies at Radcliffe; in fact, 32 did so between 1946 and 1957. The morale of both students and teachers was diminished by the loss of students and the resulting very small classes. When possible, students from different years were combined for a course, since the expense of providing faculty for so few was great. It is significant that no student dropped the Program once she had entered the last two years, which were devoted to nursing education.

In 1950, the first Radcliffe graduate under the Program entered the clinical program at the MGH. Although she constituted a class of one, teachers were released from the diploma-program faculty to instruct her in medical nursing, surgical nursing, and the related subjects. Thus began the opportunity to plan courses without the pressures of large groups of students and to implement broader aims for a student with proven academic ability. When the time came for this first student to study psychiatric nursing and maternity nursing, an arrangement was made with the Yale University School of Nursing to provide the in-

struction. Similarly, her course and field experience in public health nursing were conducted by Simmons College. Other courses were provided for her at the MGH, and she graduated in 1952.

From 1950 until 1959, when the Coordinated Program was completely revised, its students wore the MGH uniform. Although this conferred a certain protective anonymity, it had the disadvantage that doctors, head nurses, and others could not distinguish such a student from those in the diploma school. Relationships between students from the College and from the diploma program were negligible during the college years; during the clinical years, organizations and activities of the MGH School had little appeal for the Radcliffe graduates, who had already formed ties in the Harvard realm. When the students in the two programs were assigned to the same wards, the old distinctions between college student and hospital student persisted to some degree. The first lone student, and those who succeeded her in the first few years, were more readily assimilated than those of future classes, when greater differences existed in clinical assignments and in individual bedside instruction given the two groups. The more lenient regulations and the supposed "favored status" enjoyed by the Radcliffe group also caused some resentment. On the whole, however, the generous spirit of most students fostered the skillful adaptation made by the Radcliffe graduates.

Comparisons between the courses, hours, and costs of the education offered by the Coordinated Program and by the MGH school are difficult. The information shown in Tables 29-1 and 29-2, derived from the 1952-1953 MGHSN catalogue, gives some of the differences. In her four years at Radcliffe, a student in the Coordinated Program completed the 120 semester hours required for her baccalaureate degree. In the same four years, she also spent 729 hours in completing ten preclinical courses taught at the MGH (Table 29-1). After graduation from Radcliffe, she spent slightly less than two years in clinical courses at the MGH, which included two months of public health nursing. A student in the diploma program, by contrast, had a 24-week preclinical term totaling 636 hours (Table 29-2), followed by two and one-half years of experience and clinical courses. During the summer preclinical terms,

Table 29-1

PRECLINICAL COURSES, COORDINATED PROGRAM				
Year	Semester	Courses at MGHSN	Hours	Tuition
1	1 and 2	Orientation to Nursing	75	\$ 20
	Summer	Anatomy and physiology; biochemistry	100 } 100 }	
2	1 and 2	Microbiology	75	30
	Summer	Nursing I, course and practice; pharmacology I; personal and professional adjustments in Nursing I }	233	30
3	1 and 2	Nutrition	75	30
4	1	Health education and principles of teaching	45 }	30
	2	Introduction to pathology	26 }	
TOTAL			729	\$190

the students in the Coordinated Program paid for their board and room, but thereafter the MGH provided them, as it did for the diploma school students during all three years. Aside from the costs of her undergraduate years at Radcliffe, the student in the Coordinated Program paid a

Table 29-2

PRECLINICAL TERM, MGH SCHOOL			
Year	Courses	Hours	Tuition
1	Anatomy and physiology	100	\$150
	Chemistry	60	
	Microbiology	45	
	Nutrition	45	
	Nursing I and II, including ward hours	410	
	Pharmacology I	50	
	Ecology	12	
	Guidance of study	5	
TOTAL		636	\$150

total of \$769.90, which did not include the costs of her uniforms and books. The student in the diploma program paid a total of \$520.00 for the three years, which included the costs of uniforms and books.

There was nothing static about nursing education at the MGH. Spurred on by its own aspirations, the small band of instructors in the Coordinated Program, helped by the discriminating suggestions given by the students, devised innovative ways to reach the various objectives.

One change embarked upon in 1950 was the establishment of a co-operative plan with Simmons College. Until 1950, the students from the Simmons College School of Nursing continued to join the diploma program students at MGH for the courses in medical nursing, surgical nursing, and the associated courses and experiences. Their clinical rotation was planned in the MGH nursing office, and the assignments to patients were made by the head nurses just as was done for the MGH and all affiliating students. The inequities of this situation for students in a college-conducted program became apparent when the students in the Coordinated Program began to study clinical nursing with their own instructors and in accord with a college-oriented plan. The faculty of the Simmons school were eager to adopt such a pattern, but the costs of supplying instruction in the five agencies that they used, and the scarcity of prepared teachers, remained obstacles. Since the number of students in either the Simmons or the Coordinated Program classes was not large, the device of combining them for instruction at the MGH seemed at that time fiscally desirable and educationally appropriate.

After this suggestion had been examined carefully by Miss Sleeper and the others most concerned at MGH, the plan was proposed to the director of the Simmons school, Mrs. Evangeline Morris, and her faculty. In November 1949, President Jordan of Radcliffe, President Beatley of Simmons, the MGH General Director, Dr. Clark, and members of the faculties of the two schools of nursing participated in a series of meetings.

As a result, in the summer of 1950 the students in the two programs—Radcliffe and Simmons—shared instruction at the MGH in the first course in nursing. The Simmons students were sophomores and the

Radcliffe students were either sophomores or juniors. In their junior year the Simmons students were to come to the MGH during one term for the course called "Introduction to Medical Science." In the following summer, medical and surgical nursing commenced and continued for about 40 weeks, since such courses and experiences as operating-room nursing and the diet kitchen were also included in this portion of the program.

Thus began a joint project of value to both groups, which required mutual adjustments and accommodations. Considering the potential for conflict in the melding of two programs, members of two faculties, and two groups of students, each with its own views, the venture was remarkably successful for many years. It is unlikely that any of the teachers who joined forces will ever forget the effort involved or the snags overcome.

A well-qualified faculty, animated by good will, was of course essential to the success of these programs. The administrative direction of the Coordinated Program at MGH was largely the responsibility of Miss Sleeper. Sylvia Perkins served as chairman of the Program and was responsible for the preclinical curriculum and the nursing courses it included.

Until 1951, all nurses who taught the Radcliffe students were members of the faculty at the MGH School. (In later years Mrs. Ruth Pitt of the MGH diploma-program faculty taught the course in applied organic and physiological chemistry.) Since in the beginning only one course was offered each term and it included fewer than ten students, no other arrangement was feasible. As the Program continued, however, there were students in each of the four college years and in the succeeding two years of clinical nursing. More faculty were needed than could be supplied by the MGH School, which had lost some instructors. For instance, Ruth Farrissey had become executive officer at the MGH clinics, and Phyllis Heslin (MGH 1939) and Elinor Stanford had left the MGH.

After 1950, when Simmons students joined Radcliffe students at the MGH, the problems of instruction became more complex. Wiletta

Gardner was one of the first clinical instructors to participate and promote cordial feelings among the two faculties and their students. She contributed direction, stability, and enthusiasm to all with whom she was associated.

During the years that this arrangement continued, the medical-surgical nursing instructor from Simmons had to be replaced several times because of changes in her plans, although each one usually stayed at least two years. Assembling teachers for the summer term, in which Nursing I was taught, was far more difficult. More teachers were needed and, for most of them, the position was a temporary and one-time experience. The Coordinated Program had an advantage in that it could often draw on the resident group of teachers for this course in the MGH School. Miss Perkins planned and participated fully in the teaching of this course each summer. Simmons, also, provided a senior instructor as well as assistants. Not by a miracle, but through cooperation and very great effort during the devastating heat of July and August, this taxing course was finally completed. It is a truism that nurses cope successfully with many difficult situations, partly because of their sense of humor. Several teachers in every summer group provided comic relief that remains unforgettable. Two stalwart, productive leaders were Clare Farrisey and Marion Carlson of the Simmons College faculty.

By 1952, the Coordinated Program had added two instructors to its full-time faculty for the teaching of medical and surgical nursing. One was Henrietta Golec, who had had varied experience in the Franklin County Hospital (Greenfield, Mass.), which conducted the school of nursing from which she graduated. She had served in the Army Nurse Corps during World War II, and by 1952 had attained her B.S. from Boston University. From the outset she demonstrated consistently her interest and commitment to the Coordinated Program. All teachers who were associated with college programs had to establish with other faculty and head nurses the merits of their goals and methods. Miss Golec, an ambassador par excellence, was considerate and understanding of the head nurse's problems in dealing with varied groups of students. She was always meticulous in accepting responsibilities related to the care of patients delegated through her to her students. Since she

combined skill in nursing with an interest in helping students to become excellent nurses, she contributed outstandingly.

Justine Smith, later Mrs. Ellison, was the second instructor to join the Program's faculty in 1952. She worked closely with Miss Golec in teaching surgical nursing and some of the surgical specialties. Imaginative and creative, she saw many possibilities for new or better solutions to the array of conundrums to be attacked. She advocated that students and teachers should plan courses together, and with others she developed the practice of having the students evaluate both their own progress and the contributions of a course to it. Together with Miss Golec and others of the Coordinated Program, Mrs. Ellison worked closely with the Simmons College instructor. She made significant and useful changes in the course in medical-surgical nursing when it was developed as a single course. She participated effectively in the many phases of curriculum development, and helped to maintain good relationships when the curricula of two programs had to be considered.

Instruction in the social and health aspects of nursing and in nutrition were included in all of the clinical courses. Marjorie Adams was the first full-time instructor with special preparation and experience in public health nursing to join the faculty of the Coordinated Program. In particular, she aided the faculty in their attempts to help the students understand the needs of patients and their families and to advise them in matters of health maintenance, post-hospital care at home, or the rehabilitation services offered by various agencies. Her sympathetic view of the patients and her specific knowledge of the agencies available to help them provided a substantial part of the foundation essential to field experience and the course in public health nursing studied in the last year at Simmons.

Another element in the curriculum, which the Coordinated Program undertook to modify and enrich, was nutrition, diet therapy, and the dietary experience of the special diet kitchen. This effort received the wholehearted cooperation of the MGH Dietary Department and a number of dietitians, whose energy and imagination helped to convert an experience of questionable worth into a series of valuable opportunities that benefited both patients and students. Initially, the plans were carried

out with the assistance of the instructors of nutrition and diet therapy, who were employed full time for the diploma program. These dietitians energetically extended themselves to provide teaching, and in the process contributed to a better understanding between the Dietary and the Nursing departments. Among them were Margaret Berry, Ruth Aaness, Katherine Teel, and Rachel Jones. When the demands of each program required separate instruction, the Dietary Department released one of their staff for part-time teaching; Germaine Jensen was the first dietitian in this plan for the Coordinated Program.

Cooperation was a way of life, not only among the MGH departments, but between the colleges and agencies in the Boston area that were involved with programs for college students. Two examples of such arrangements with Simmons and the Coordinated Program have been given. A third one evolved by which the teaching of psychiatric nursing at the McLean Hospital was provided. Even when two different college-associated programs were involved, as in this case, their philosophy and aims of education tended to be more in accord than they were with those of many diploma schools. The introduction of college-based teachers posed many problems. Fortunate indeed were the college teachers who were received cordially and made welcome no matter how novel, even revolutionary, their attitudes and methods might seem to their hosts. The tradition of having all "affiliating" students taught by the resident faculty was being challenged, and it may be recalled that diploma-school education had not yet recovered from what some schools perceived as threats posed by national studies and subsequent actions. In all fairness, it should be admitted that there were some members of college faculties who appeared prideful and arrogant to their associates in hospital-conducted schools. With this climate, the first college teacher to take her students into a traditional agency had to be able to deal with these attitudes wherever she found them.

At the McLean Hospital school, Margaret Tibbetts, the director, and her associates were willing to permit such an arrangement. Dorothea Dutra of the Simmons faculty became the first college instructor to teach her students there. Arrangements were made to have her include the students in the Coordinated Program. At McLean, the Simmons

students naturally identified with a member of their own faculty, while, in a reversal of roles, the Coordinated Program students were the "guests." Mrs. Dutra maintained an appropriate balance between them, and helped the individuals from each program to better understand themselves and each other. In all administrative planning with the Coordinated Program, she provided constructive suggestions. This arrangement continued until the evolving plans of both schools caused changes.

The teaching of maternal and child health nursing posed some problems. The Boston Lying-In Hospital regularly accepted a large number of affiliating students from various diploma schools, and the addition of college students in their separate programs was a complication. Understandably the director of nursing, Carolyn Davies, at first did not wish to have a faculty member accompanying each college group; although her plan was not consistent with those in other agencies, for a time, the BLI provided the instruction.

A different way was devised by the Children's Medical Center; instructors on their faculty were allocated by Muriel Vesey, the director of nursing service and the school of nursing, to teach the college-program students. For several years after the use of the MGH Burnham wards had ended, because of pressures and overcrowding, Ethel Trafton and her assistants provided the instruction at the Children's Medical Center for the students in the Coordinated Program, Simmons, and others.

Another example of mutual aid occurred, when, under the auspices of the Boston University School of Nursing, a scarce and needed experience in tuberculosis nursing was made available at the Veterans' Administration Hospital in Rutland, Mass., where faculty appointed to BU's school of nursing provided instruction not only for their own students but for many others in college programs in New England. The Coordinated Program students found this instruction extremely valuable. This opportunity was eventually withdrawn because of the changing clinical situation and alterations in BU's curriculum.

These examples provide some idea of the efforts that were being made in the Boston area to develop stronger college programs. All but the Coordinated Program were at the baccalaureate level, where the cur-

riculum combined general and nursing education. These were the schools at Boston College, Boston University, Simmons College, and the University of Massachusetts at Amherst. The administrative officers of these schools knew each other well and were associated in the Massachusetts League for Nursing, where they were members of the Department of Baccalaureate and Higher Degree Programs. These mutually supportive arrangements were terminated as each program was able to provide its own instruction. Such plans persisted longer in the Coordinated Program than in the others, because of the small classes and the expense involved in employing a full-time instructor for a course that was taught during only three months each year. Even after the faculty of the Simmons school began to provide instruction for its students in basic and medical-surgical nursing, the Coordinated Program continued its same arrangements for instruction in psychiatric nursing and public health nursing. The faculty of the Coordinated Program appreciated the interest and the gracious ways in which Mrs. Morris facilitated the various plans. When illness forced her to withdraw from Nursing, they deeply regretted the loss of a generous associate.

In retrospect, the outstanding characteristics of the first ten years of the Coordinated Program were innovation and adaptation. There was a constant, energetic, imaginative search for ways to provide more challenging and sounder nursing education, which would be suitable for students with exceptional background and a wide range of abilities. Traditional standards and values of nursing education were scrutinized as never before, and retained only when their merit seemed unmistakable. This small group of instructors with few students were free to be innovative in developing the curriculum, to make plans without an overriding concern for the provision of nursing service, and to provide individual instruction and supervision. There were taxing demands implicit in these opportunities for each teacher associated with the planning of courses, the preparation of classes, and the selection of appropriate learning experiences in the rushed, complex situation of the MGH floors, where practically every patient was too ill to be put in the care of beginning students. Even a veteran among clinical instructors had to use

all of her ingenuity and diplomacy to carry out her teaching plans. A great deal of the experienced teachers' time and effort had to be devoted to helping new members of the faculty find themselves at the MGH and in the Program because both differed considerably from what they had known previously. Most of the instructors associated with the nursing aspects of the curriculum, particularly in the fifth and sixth years, found that they needed to modify their approaches to the students, and to gear the level of their teaching to one more consistent with that which the students had experienced at Radcliffe. The differences between their own nursing education in baccalaureate and masters' programs and the dimensions of education at Radcliffe were brought home sharply for the first time. Accepting the challenge as a stimulus, the teachers deepened their understanding of the theoretical base that underlies clinical nursing.

Stimulation was provided as well through the combined efforts of the instructors to reconcile their disparate views as they attempted to forge the curriculum. The sandpapering process that went on while ideas and convictions were challenged proved beneficial, and a supportive, cohesive group developed. Every effort was made to help the students understand what comprised complete care of a patient, even if what they saw was fragmented and incomplete because of the shortages of personnel and the relentless pressures under which Nursing Service had to function. Understanding of the dilemmas that stemmed from this situation was fostered so that courageous efforts would not be criticized and dismissed.

In order to provide the students with the greatest number of consecutive hours of nursing experience, classes, conferences, and field observations were moved into class days held on Mondays and Fridays. A student was not assigned to evening or night duty unless an instructor could accompany her. These are but a few of the examples of new methods and directions. Some promising ideas were abandoned when they proved too complicated or difficult to implement. Certainly one of the most effective measures gradually adopted was the consistent involvement of students in evaluating and planning the courses and the associated experiences. This provided a forum in which the students learned of each other's reactions, often different, to the content and

methods of teaching, the values of observations, the contributions of visiting experts who lectured or demonstrated, and the degree to which each found the objectives of the course had been attained. Many of the students' astute observations helped to bring about changes, when the course was presented to a subsequent class.

Despite the progress made, by 1955 the evident lack of appeal of the Coordinated Program to more than a few Radcliffe students made essential the consideration of its future. The values of the Program were not questioned, but from all points of view an objective study seemed indicated before action was taken. Some obstacles to progress had been identified. When the plan was originally devised, its failure to meet the standards for accreditation established by the National League for Nursing (see Chapter 26) for college-associated nursing programs had been viewed as remediable. The remedy had not appeared, since Radcliffe (Harvard) was not ready to conduct a school of nursing on the same basis as its professional schools. The lack of accreditation posed more problems in 1955 than in 1946, because the schools of nursing that were members of the NLN's Department of Baccalaureate and Higher Degree Programs had raised their standards. Also, both service agencies and college schools of nursing had employment policies that favored graduates of accredited schools. Particularly in public health nursing agencies, graduates of the Coordinated Program were not eligible for positions that were open to graduates of accredited programs. Teachers, initially interested in becoming members of the faculty of the Coordinated Program, withdrew when they found that they would not be appointed to the Radcliffe (Harvard) faculty and that the Program could not be accredited. In fact, the time was fast approaching when the Program would find itself in limbo, outside the realm of both the diploma and the degree-granting schools. Consequently, its teachers were deprived of valuable professional stimulus at the national level.

The students, on comparing their college and nursing education with that offered by schools such as the one at Yale University, believed that they were entitled to an M.N. or similar degree. To those who enrolled as freshmen, the almost six years of study looming ahead seemed end-

less. The design of the curriculum still prevented the entrance of a junior or senior or a college graduate. Obviously, some solutions must be found for these serious problems.

This view in 1956 led Radcliffe and the MGH to seek funds from the Rockefeller Foundation to augment their own to finance a study of the program. Mr. Everett C. Hughes, a sociologist well known for his studies of professional occupations, including Nursing, was selected to direct this study. In 1958, *The Report of the Radcliffe College-Massachusetts General Hospital Coordinated Program* was distributed to key people in both institutions. The "Hughes Report" presents a broad-ranging review of the education of nurses and some findings relevant to the preparation of college women for leadership positions in Nursing, in addition to specific findings about the Coordinated Program. He pointed out a situation, not yet entirely remedied in Nursing, that affected the graduates of the Coordinated Program. Universally, they decried any suggestion that they might like to progress to teaching or administration after some graduate practice of nursing. According to Mr. Hughes,

No nurse becomes widely known, is given a distinctly higher salary, or becomes a power in her profession, just because she does the individual tasks of nursing better than the others. Reputation as an extra fine bedside nurse would surely never be more than local. . . . The career problems of nurses are therefore quite different from those of physicians and lawyers, who can become famous and wealthy without departing from day-to-day practice of the essential skills of their profession.³

He pointed out that the medical degree carries such prestige that a physician needs no other, whereas the registered nurse must seek academic degrees to prove her fitness for advancement. The long route by which most of the leaders in Nursing had acquired their preparation (diploma, experience, academic preparation) was contrasted with that of the established professions, and he provided statistics showing that in 1956 only slightly more than 12 per cent of the nurses who held full-time salaried positions as professors had acquired a doctorate. Liberal arts education as a foundation for Nursing could strengthen the base and diminish the time required for appropriate preparation, he believed. Moreover, nurses thus educated would not be obliged to limit their

advanced study to colleges and universities whose nursing curricula had a large component of vocational education. Studies of the faculties of several progressive collegiate schools of nursing, Mr. Hughes found, showed that women who had received a liberal arts education had played a disproportionately large role in Nursing. Among them, some had their initial nursing education in the Vassar Camp program or had enrolled directly in diploma schools of nursing after graduating from college. Other evidence also supported a revision of the Coordinated Program. The Hughes Report suggested, in brief, that the Program should accept students who had already completed their liberal arts education, and should accept graduates of other colleges as well as Radcliffe.

Since these facts supported many of the conclusions already reached by Miss Sleeper, Miss Perkins, and others, the revisions already underway when the Hughes Report was received were more readily speeded forward.

The Coordinated Program entered its second phase in 1958. Since no Radcliffe graduate that year continued into the clinical nursing years, the revision of the Program was made easier. By 1959 it had made the gradual transition to what was essentially its final form: a 26-month course open to qualified graduates of any liberal arts college. Arrangements were of course made so that the Radcliffe undergraduates who earlier had enrolled in the Program could continue, but when the last of the students admitted jointly had graduated, Radcliffe's connection with the Program ended. (Nevertheless, newly formed advisory committees from Harvard and MGH still continued to search for some kind of association between the two.)

Publicity and recruitment, admissions procedures, decisions concerning scholarships, and all related matters were now centered in large part in the MGH office of the chairman of the Program. The administration and financing were handled by the MGH School of Nursing, but the Program was managed as a unit separate from the three-year program. The size of the budget rose when the ratio of instructors to students became about one to four in the courses taught at the MGH. In addition to salaries for full-time instructors, the expenses included payment for each

teacher of the science courses, fees for some 50 doctors who gave lectures, and all the costs associated with conducting the Program. The size of the enrollment soon increased. In fact, of the 51 students who finished the program between 1952 and 1966, 31 graduated in the final seven years. In addition to 10 Radcliffe students, the revised Program included graduates of the Connecticut College for Women, Middlebury, Mount Holyoke, Smith, Wellesley, Vassar, and others.

When the revisions were being developed, the MGH attempted to modify or eliminate conditions that were unattractive and inappropriate for college graduates. Hence, with rare exceptions, the predicted problems failed to develop. Residence in the dormitory was not required. When it proved convenient for a student to live at the MGH, most regulations and restrictions were eliminated. Students were permitted to marry, and married students were admitted. The clinical schedule eventually adopted was devised to afford the best use of time for classes and experiences within a 28-hour week, to allow ample time for study and recreation. Weekends were free. At the beginning of each term, the students were given a schedule of vacations and holidays. To avoid interrupting the three consecutive days of clinical practice, a holiday that fell on one of those days was celebrated on Monday or Friday of that week. The first vacation preceded the second term; others, to a total of ten weeks, were distributed at intervals during the two remaining years.

The length of the curriculum was reduced to two years and two months, divided at first into eight and later nine terms. Classes were admitted in the last week in June and graduated in the first week in September of the second year. For the first time, the faculty of the Coordinated Program were able to plan without having to adjust to the schedules of the colleges. The preclinical subjects were taught in the first two terms. Since most applicants had not studied inorganic chemistry in college, which was a prerequisite, arrangements could be made for tutoring either at the student's own college or in another. The schedule of courses as given in the period 1961–1966 is shown in Table 29–3. Various courses, once taught separately, had been combined into more meaningful arrangements. Elements concerned with psychological, social, nutritive, and health aspects of care were further strength-

Table 29-3

COURSE SEQUENCE AND COSTS, COORDINATED PROGRAM,
1961-1966

<i>Term</i>	<i>Courses</i>	<i>Laboratory fees*</i>	<i>Tuition</i>
1	Human anatomy and physiology Organic and biochemistry	\$ 70	\$530
2	Microbiology Principles of nutrition Human growth and development Cultural anthropology Foundations of nursing		
3,4	Medical-surgical nursing Historical foundations of nursing		
5,6	Mental health and psychiatric nursing Maternity nursing Family and community health, A Contemporary professional nursing, A		
7	Nursing of children Family and community health, B Contemporary professional nursing, B		
8	Public health nursing Public health science	45	720
9	Advanced medical-surgical nursing Nursing in disaster Principles of leadership	TOTAL	\$2250

* Other fees (activities, health, library, and graduation) amounted to \$135. Uniforms cost approximately \$200; books, \$125.

ened in each nursing course by the cooperative efforts of all instructors.

Other steps were also taken to establish the identity of the Program. The college graduates who entered the revised program in 1959 were allowed to wear a uniform of their own. During the summer term of that year, when both the new and the previously enrolled students were studying at the MGH, all of them were invited to participate with the faculty in designing the dress and cap. The result was a one-piece dress in a becoming shade of blue with attached white collar and modified set-in bib. Two thicknesses of fine, white organdy were folded to form a unique cap that could be opened flat for packing. The students decided to wear white shoes and stockings, contrary to the MGH tradition of black ones. In time for the first graduation a pin had been designed, a gold shield-shape with a smaller red enamel shield superimposed. Mounted on the enamel was the traditional lamp of knowledge, also in gold. To those who have not worn a uniform, its significance may seem unimportant, but the message that this one conveyed awakened an interest in the Program in every agency where the students had experience.

In making the successful transition to the revised program the faculty of the Coordinated Program played a vital role. Two new instructors, Miss Tirzah Sweet and Miss Alice McDerby, were appointed in the year 1956–1957. They helped to make possible a unified approach to all aspects of the new Program as they worked with the chairman and Miss Golec to replace some of its undesirable features with distinct improvements. Miss Sweet held the position of instructor in public health nursing from 1956 to 1966. She received her bachelor's degree (1932) from Simmons College and a diploma from the Peter Bent Brigham Hospital school. For several years following graduation, she held positions in schools of nursing, where she was the surgical nursing supervisor responsible for instruction in operating-room nursing. For five years she held a similar position on the faculty of the School of Nursing of the University of California at San Francisco. Since the program at Simmons had included preparation for public health nursing, Miss Sweet subsequently entered that field, acquiring diverse experience in state and city health departments, the United States Public Health Service, and as

the nurse in a private school. She returned to Simmons College, where she earned her master's degree (1953) in the public health nursing program associated with the Harvard School of Public Health. In the three years before joining the Coordinated Program, she had served as supervisor of public health nursing in the Springfield (Mass.) Health Department.

Miss McDerby, one of the clinical instructors for medical-surgical nursing, was also associated with the Coordinated Program for nearly a decade (1957–1966). In addition to her diploma from the Sacred Heart Hospital School of Nursing (Manchester, N.H.), she had received her B.S. in nursing education from the Catholic University of America (1948) and her M.A. from Teachers College, Columbia University (1952). She had had experience in staff nursing in several hospitals, among them the Memorial Hospital for Cancer and Allied Diseases in New York City; she had taught medical-surgical nursing in her own school and at the school of the Massachusetts Memorial Hospital; and had served in the Army Nurse Corps (1944–1945). In the Coordinated Program, she helped revise the course in medical-surgical nursing, proposing many of the related experiences. By her choice of teaching methods, she helped the students to become increasingly analytical in their study of nursing. In the sixties, Miss McDerby, Miss Golec, Miss Sweet, and successive nutrition instructors developed the course in medical-surgical nursing so that the students would analyze nursing problems of increasing complexity. For example, in the first terms consideration was given to the ways in which certain physiological needs of patients were altered in disease and affected by surgical intervention. The students then identified the appropriate nursing care and learned how to provide it through carefully selected assignments to patients, supervised by the instructors. Simultaneously, other needs of the patient were being considered and brought into focus during the clinical experience.

One particularly profitable method was devised for use in conjunction with the nursing care experiences that students had on Tuesdays, Wednesdays, and Thursdays. On Mondays, before the pre-nursing conference was held, the instructors, with advice from the head nurse, selected the patients to whom the students were to be assigned. Time was

provided for the students to go to the floor to acquaint themselves with the patient's record and treatments so they could have ready for discussion at the conference a general plan for the patient's care. After the conference, plans were refined, and a student might return to the floor to locate new equipment or prepare herself in other ways. Thus, on Tuesday mornings, both the student and the instructor were ready to proceed. At the conclusion of the experience on Thursday afternoons, post-nursing conferences were held at which the effectiveness of the original plan and any modifications were evaluated. All of the students and as many of the instructors as possible took part in the discussions. The students learned a great deal by questioning each other about the reasons for a particular course of action. If the patient's nutrition required special attention, that aspect of care was explored. Students were helped by Miss Sweet to consider the patient's readiness for discharge from the hospital and suitable preparations for care at home or in one of the agencies that she and the students had visited. Miss McDerby was particularly adept in leading these discussions so that the students could explore all of the ramifications of care and also ventilate their own feelings about the various aspects of the experience.

Just before the major changes in the Coordinated Program commenced, Henrietta Golec was granted a leave of absence (1957-1958) for study at the school of nursing at Western Reserve University, where she majored in supervision and administration of nursing education and in 1958 received her M.S. in Nursing. When the policy of granting sabbatical leave was extended by the MGH to faculty of the School of Nursing, Miss Perkins was given a semester for study, on full salary. She attended the Harvard School of Education, and also became better acquainted with some of the courses studied by the Radcliffe students, by auditing some and taking others. This experience was personally rewarding and helpful when she returned to the Coordinated Program.

Instructors who had taught nutrition in both the Diploma and the Coordinated Program, or who had taught only in the Coordinated Program while working part time in the MGH Dietary Department, had found such arrangements increasingly taxing as new developments in the curriculum placed greater demands on them. A full-time instructor

for nutrition therefore became essential. Unfortunately for the Coordinated Program, Jo Ann Doyle terminated her appointment after only a year, in order to marry. Philomene Serpico, later Mrs. Robert Center, in the spring of 1960 began teaching the nutritional aspects of care in medical and surgical nursing, and gave the course in principles of teaching and health education. Miss Serpico, in addition to her sound preparation and teaching experience in the field of nutrition, had studied at Boston University's School of Education. Blessed with unusual drive and stamina, she applied herself vigorously and enthusiastically to her teaching and to all aspects of course construction and curriculum revision. After her marriage, because her new home was in Maine, it became impossible for her to remain on the faculty.

From 1961 to 1966, Margaret Phillips provided instruction in nutrition. Miss Phillips was a graduate of the University of Maine with a major in home economics, had received her M.S. from Cornell University, and in 1959 had started part-time study at Boston University towards her doctorate in the field of health education. Her early acquaintance with the MGH began when she was a therapeutic dietitian in the Dietary Department. She had held several teaching positions, including one at the Vanderbilt University School of Nursing and another at the Massachusetts Memorial Hospital; she also served as consultant in the Maternal and Child Health Program of the Boston University School of Medicine.

The arrangements for instruction in psychiatric nursing and maternal and child health nursing changed gradually, and eventually each of these courses was taught by a member of the Program's faculty, some of whom taught them for a relatively short time. Two instructors in mental health and psychiatric nursing made especially significant contributions, not only by their teaching but also through their association with both students and faculty.

Garland Lewis, who remained in her position as coordinator of nursing education at the McLean Hospital, in 1960 was also appointed to the faculty of the Coordinated Program. She participated in curriculum revision and teaching at the MGH and during the term when the students had their experience at McLean. She had prepared at the graduate

level for this field at the University of Washington School of Nursing, from which she received the M.N. degree. Among the several positions that she had held were those of instructor and supervisor at the Menninger Foundation and in the United States Navy Nurse Corps. She had been director of nursing at Chestnut Lodge Sanatorium (Maryland) and the Pinel Foundation (Washington). During her two years with the Coordinated Program, she effected a smooth transition from shared instruction with Simmons.

After an interval in which Lillian Koki and then Mary Yeo were associated temporarily with the Program for teaching in this area, Sandra O'Leary was appointed. Mrs. O'Leary had studied nursing at Florida State University, from which she received her B.S. in nursing education, and at Boston University, where she earned her M.S. in Nursing; she had studied at Harvard's Graduate School of Education. She had advanced preparation in child psychiatry, and the focus of her interest in that field was on adolescents. Mrs. O'Leary had exceptional abilities in working with people of all ages; students and faculty responded to her enthusiasm in helping develop the mental health content in the curriculum.

The addition of an instructor for psychiatric nursing had increased the full-time teachers of nursing on the faculty to five in addition to the chairman. The continuing process of separating the Coordinated Program's instruction from that of Simmons College brought the need to add teachers in the area of maternal and child health nursing. Contracts, similar to those utilized in other agencies, were arranged with Boston Lying-In and the Children's Medical Center. The dearth of instructors prepared to teach in this area made necessary some arrangements that lasted no longer than one rotation. After 1963 the instruction in the two ten-week terms allocated to maternity nursing and nursing of children was provided by Mrs. Beverly Weiss, the senior teacher responsible for overall plans for the courses, the classroom and clinical teaching; and by Mrs. Anne Wallace, who assisted her. Mrs. Weiss had received her B.S. in nursing education from Ohio State University and her M.A. in the field of developmental psychology from Columbia University's Teachers College. After early staff and school nurse experience, she had been

associated with the teaching of medical-surgical nursing and pediatric nursing at the schools conducted by Rutgers University and Boston University. The mother of a son and a daughter, then adolescents, she brought to the Program valuable personal experience derived from family life. Instruction provided largely in agencies other than the MGH sometimes imposed the need to make decisions without consultation. Mrs. Weiss handled such situations effectively and provided excellent clinical instruction. Mrs. Wallace had received her B.S. (1959) and her M.S. (1964) from the Boston University School of Nursing. Following a year as a staff nurse with the Visiting Nurse Service of New York City, she had had experience as an assistant head nurse and then as instructor of pediatric nursing, before returning to her own school to assist with the teaching of maternal and child health nursing. The successful development of maternal and child nursing in the curriculum was fostered by her sound scholarship, interest, and originality.

Miss Sweet's previous experience on the faculty of a baccalaureate program and her graduation from the Simmons program provided helpful background for work on the curriculum and for ongoing relationships with the Simmons faculty. She participated in the teaching of all of the nursing courses and conducted many of the associated field trips. She took part in the ward teaching conferences, developed and supervised the OPD experiences that were related to the various courses at the MGH, and for some years shared in the instruction and supervision associated with the Simmons course in public health nursing. Together with the nutrition instructor, she taught the course in principles of teaching and health education. For a time, she also taught a course in the care and control of communicable diseases and shared in the teaching of operating-room nursing.

The association with Simmons for the course in public health nursing continued longer than the others, but the same factors that had been operative in other areas brought separate instruction in this course. Consideration of family and community health had been developed by Miss Sweet and the clinical instructors so that it was part of psychiatric nursing and maternal and child health nursing as well as other courses. In this way the students had been prepared for the courses in public health

nursing and public health science, which Miss Sweet and specialists from the field of public health gave in the second year of the revised curriculum.

The plan of the Program made it necessary for instructors at the MGH to be involved in teaching nursing courses to first- and second-year students in the same span of time. Since the numbers in the two groups had reached 15 or more, another instructor was needed for the beginning course in nursing and medical-surgical nursing that followed. For the last two years of the Program, Ruth Colavecchio was assistant to the instructors in these courses. A graduate of the Boston College School of Nursing, she had received her M.S. in teaching from Boston University and had been a staff nurse and a head nurse. Faculty discussions were enlivened by her ideas about Nursing and nursing education. Her understanding of the problems students faced during their first clinical experiences made possible timely and realistic consideration of the many factors involved.

The number on the faculty of the Coordinated Program now reached its maximum of nine members. The program had become increasingly costly to administer, and the tuition and fees had been increased accordingly. The number of students enrolled in the Program remained fewer than twenty.

During the years following the Hughes Report, many conferences had been held with the new president of Radcliffe College, Mary I. Bunting, Dean Kerby-Miller, the deans of the schools of medicine and public health, and others. It became evident to the joint committee concerned with the Coordinated Program that no arrangement for a school of nursing was possible within Harvard University. The implementation of some alternatives proved to be equally unattainable. Furthermore, graduates of the Program were reporting problems. For example, some who wished to begin study in a master's level program at a university were required to meet certain requirements first at the baccalaureate level. Others employed in public health nursing agencies were paid no more than were graduates of diploma schools. Some agencies would not employ graduates of programs that were not accredited.

The faculty were also at an increasing disadvantage since they were associated neither with a college nor with the MGH School. Since there was no likelihood of establishing a relationship with another educational institution, the faculty did not believe that the Program should be continued.

The decision was made to admit the last class in 1964. The graduation of that class in 1966 marked the end of the Coordinated Program.

CHAPTER 30

New Goals Attained by the School

THE faculty of the MGH School of Nursing gained new insights during its participation in the NLN's efforts to promote the self-evaluation of each school by its faculty, a program that gained momentum in the fifties. Undoubtedly, the painstaking consideration of suitable criteria by which diploma schools could measure their progress influenced many developments at the School. Another important change in the curriculum occurred in the latter half of the fifties.

Early in 1954, a subcommittee appointed by the steering committee of the NLN's Division of Nursing Education had concluded that its most urgent problem was to differentiate the criteria used in evaluating programs that led to a bachelor of science degree in Nursing from those used for programs leading to a diploma or associate degree. It will be recalled that the first associate degree programs had been launched in 1952, so that when the NLN structure was formed, they were included with the diploma programs to form the Department of Diploma and Associate Degree Programs. The subcommittee, which had representation from this department and the Department of Baccalaureate and Higher Degree Programs, decided that each group must develop its own criteria. In 1954 the *Self-Evaluation Guide for Collegiate Schools of Nursing* was published, and subsequently criteria for the evaluation of master's degree programs were also published.

The subcommittee members concerned with diploma and associate degree programs began their work by holding discussions with representatives of the NLN's Department of Hospital Nursing, to learn their views about what kinds of nursing personnel should be prepared at the diploma and associate degree levels, and what the educational programs

should be to meet present and future needs. After the long process of drafting criteria for selected important areas, they were submitted for study to the 258 member schools of the Council of Member Agencies of the department. The recommendations of the faculties were returned to the subcommittee for consideration, and a second draft of the tentative criteria was prepared. Thus the faculty of each school was involved in preparing the criteria by which it would ultimately be evaluated, and was given a chance to refine its thinking about its own program.

At the 1957 NLN convention, the membership of the department voted to accept the criteria for their own immediate use and for the evaluation of schools in 1960. During the revisions of the criteria, members of diploma school faculties were very active in the review carried on at the state League level, and members of the MGH faculty provided some of the leadership. On the national level, Ruth Sleeper was a member of the NLN board of directors, and Edna Lepper was chairman of the steering committee of the Department of Hospital Nursing Service and the Division of Nursing Services.

Each school attempted to refine the statement of its philosophy and purposes, so that it could be understood not only by the faculty but also by hospital administrators, nursing service personnel in the "home" hospital and in other agencies involved in the educational program, and by the students. In earlier days, once the students had recovered from the shock of being asked what they thought the school's philosophy was, they might have replied, "To be the best nurse that you can and to get the work done as fast as possible," without realizing that the two goals were contradictory. But now fundamental changes had occurred in the basic views held by the faculty and by those concerned with nursing service.

The well-established directions of the MGH School's philosophy and purposes were of a different order, and the students were more aware of what they were. In refining its philosophy, the faculty considered the current thinking from the field of education about the nature of education, how students learn, and what conditions best promote learning. Unlike most educational systems, a nursing school faculty had to decide who should have responsibility for directing learning during the most

significant experiences. Efforts were made to clarify thinking about what constitutes Nursing, and what it should become to meet the challenges of the future. The needs of the consumers of nursing were considered as never before, and the needs of the students as individuals, citizens, and nurses were emphasized. A statement of philosophy was not to be unused rhetoric but a guide to the selection of specific objectives. However certain the members of a faculty might feel about their beliefs and goals, to put them into understandable and acceptable words was a stimulating, onerous, frustrating, and finally satisfying endeavor. The test came when the possibility of implementation in the existing situation was assessed.

The catalogue of the MGH School of Nursing contained an explicit statement of the School's philosophy, whose form was revised in each new edition to show what factors were influencing the development of the program. Probably few students were conversant with the philosophy, but they were well aware of the actions taken in their behalf and the friendly spirit of the place, and they found it easy to approach Ruth Sleeper. The earlier formal, stiff relationships had given way to affectionate regard and respect without complete awe. Whatever were Miss Sleeper's worries, and she had cause for many, she had a friendly smile for the students and often recognized them by name, as she met them in the corridors or in the cafeteria line. They felt secure in her evident interest in them and in her sympathetic attention to their needs. She showed her confidence by treating them as responsible individuals, and sharing with them many of the hopes and plans of the School. Their views were sought and used. When changes or delays in some projected plan were necessary, explanations were given. Reasonable questions were answered reasonably. If the students presented suggestions that were not feasible or were inopportune, they were helped to understand and enabled to find an appropriate solution. Thus the School in a sense became a cooperative venture for students and faculty. Jessie Stewart continued to help foster this philosophy, and other members of the faculty were helped increasingly to share this view through their own relationships with Miss Sleeper and Miss Stewart.

Inevitably there were some matters that the students hesitated to discuss with a faculty adviser, counselor, or School officer. In their course in psychology, the students gained some general insight into such problems through the discussions of personality development conducted by Dr. Robert R. Mezer, a psychiatrist. This course was not taught until after the preclinical period, which still evoked many emotional reactions that the students found difficult to handle. The nature of some of these reactions had not been recognized in nursing schools until relatively recently. In addition to the usual pressures experienced by adolescents going away from home to school, a school of nursing imposed others, ranging from a heavy schedule to the inevitable intimacies and responsibilities involved in providing care for sick men and women, some of whom would not recover. The students were discovering the considerable disparity between their image of themselves as "angels in white" and their actual obligations and achievements. To vent their feelings, they needed the time, the place, and the right person.

An interesting experiment, begun in 1952 at the Newton-Wellesley Hospital School of Nursing in Wellesley, Mass., had attracted the attention of some of the MGHSN faculty. In the town of Wellesley the Human Relations Service, a research project, had been initiated under the auspices of the Division of Mental Health of the Harvard School of Public Health and directed by Dr. Erich Lindemann of the MGH. Its focus was on preventive intervention in situations in which emotional stress had been generated, so that deeper involvement requiring psychiatric care might be avoided. The faculty in the Newton-Wellesley Hospital School of Nursing had sought the advice of the staff of the Human Relations Service so that they could deal better with their students. Dr. Pearl Rosenberg, a clinical psychologist on the staff of the Human Relations Service and a research associate at the Harvard School of Public Health, together with another trained observer, began to conduct group discussions with the new class of students two weeks after they were admitted. Once the students realized that the small group meetings were unstructured, any topic could be introduced, and absolute confidentiality was ensured, they were able to discuss their hostility, fear, and reactions to intimate physical contact with men and women patients, the

impact of the overwhelming course requirements, and their doubts about being able to cope with all the problems. The "seminar" lasted for twelve weeks. Since by the end of that time its benefits had become obvious, the plan was continued with the second- and third-year students. Interesting variations appeared among classes. The faculty were helped to understand better the strains of a nursing program and the acceptable range of responses to it for a group of students of college age. They were helped to realize their own limitations and the nature of the assistance that was available to them.

At the MGH, discussions with the Chief of the Psychiatric Service, Dr. Erich Lindemann, paved the way for the MGH School to start similar seminars, first with Dr. Rosenberg and later with others. At first the seminars were planned only for the preclinical students, but later their value for the seniors was demonstrated. Various opportunities for groups and individuals were made available henceforth. For example, some years later, office space was made available in Thayer for "walk-in" conferences so that a student could discuss her problems with a member of the Psychiatric Service without having to make arrangements through School channels. The faculty found their discussions with the seminar leaders to be a most constructive influence. The extent to which each teacher was familiar with the dynamics of human behavior and interpersonal relationships varied widely. In the mid-fifties there was a growing awareness of opportunities to improve skills in human relations in the realm of the health care agencies. Input from the behavioral sciences was being utilized increasingly. Dr. Lindemann and his associates in the Psychiatric Service were extremely helpful, whether an individual or group sought assistance, or teaching was requested by the School. One two-way resource of potential value seems not to have been used. Contacts with the faculty of the McLean Hospital School of Nursing were limited chiefly to administrative matters. Separation of the two faculties, instead of collaboration for curriculum construction and implementation, was a heritage of the system of affiliation. Progress was made in providing the students with a suitable orientation to the experience at McLean, which had the salutary effect of offsetting some of the tales told by veterans of the affiliation.

The relationship between teacher and student had also begun to receive increasing attention. Before clinical instructors were available in sufficient numbers to make possible some individualized teaching in the patient-care facilities, once the preclinical term was over, teacher and student had too little time together to achieve much interaction. Later came the realization that if the student were to develop understanding of her patient—to give him psychological support when needed and later to help him take more initiative towards independence—the student must have had comparable experiences as she was learning. The instructors paid more attention to each student's capabilities, behavior, and attitudes. They took note of the situations that the student herself recognized as difficult, or, failing such insight, helped her to develop the insight. Problem-solving approaches were used to promote analysis, and group discussions fostered the realization that there were many problems common to all students as well as a variety of ways of dealing with them.

The instructor served as a role-model for the students, and in the clinical area had the greatest responsibilities and the best opportunities for the effective teaching of nursing. She also had the most difficult task because there was no way to control a real-life situation on a ward, as could be done in the classroom. The tempo of events on the ward could not be slowed to the learner's pace. The patients most suitable for teaching were bound to present some needs for which the student was not ready. In addition to the immediate aspects of the patient's care, the instructor demonstrated many attitudes and values relevant to the situation in which she and the student were functioning. The degree to which mutual respect and rapport had been developed between the head nurse and the instructor was apparent. The students took pride in the high regard that the nurses on the ward showed for their instructor's competence and tact. When a student was assigned to a ward's nursing staff, the instructor was in a much more difficult position than if the time for teaching had been a part of the student's course schedule and therefore controlled by the faculty. This practice, which had been adopted in many college-based programs, had not become the regular pattern at the MGH.

In 1956, the introduction of class days facilitated the head nurse's planning of patient care and the School's scheduling. The students were at last relieved of a major source of conflict and frustration. Two full days were allotted to all classes, clinics, and excursions, and four eight-hour days were given to patient-care experiences. The students no longer had to race the clock to complete the care of the patients and ward duties before dashing off to class, and, for the first time, all students were assured of a full day off, free from classes. With this plan, which was in effect from the end of the preclinical term to the beginning of the internship, the clinical nursing instructors had more time free for the students on clinical experience days.

Early in the fifties, the team plan for administering nursing care was instituted at the MGH. The provision of nursing care had become a group function since the complexity of the care and the diversity of personnel had become the reality in hospitals. Relatively few graduate nurses, many student nurses, and a growing number of practical nurses and aides provided the care. The responsibilities of the head nurse absorbed so much of her time that it was impossible for her to carry out her traditional functions effectively. Administrators of nursing service had therefore sought a workable scheme to provide more leadership for the personnel and to free the head nurse from immediate responsibility for all the work in her domain. The team plan was being used in many health-care agencies, and all through the fifties the Nursing periodicals carried articles concerning the progress being made.

The team concept was utilized by groups of professional workers in which the nurse participated with doctors, social workers, physical therapists, nutritionists, and others. The hospital nurse might be involved with both the nursing service team and the medical team. Learning how to work with both groups was essential for the students. In the nursing service team, the head nurse remained responsible for the care of all the patients on her floor. Her chief functions were to teach, to organize, and to supervise in order to maintain the quality of the care and to see that all of the doctors' orders were carried out properly. She coordinated the services of other hospital departments, when they were

involved in the care of her patients. The successful implementation of the plan depended largely on having a capable, well-prepared leader with enough members to comprise a team, and on being able to keep them together long enough to develop good working relationships. The team leader needed time to become acquainted with the abilities of each member and the degree to which she was accomplishing her assignment successfully. Ideally, the leader would not herself have had a heavy responsibility for patient care. Any students assigned to the team had to be utilized advantageously, but the selection of their patients was to be based on the students' level of learning and readiness to provide the care.

Since the traditional approaches to nursing care had not prepared nurses for either the role of team leader or team member, considerable orientation was required. The mechanics of the plan were not complex, but the building of attitudes and relationships required an extended program. This process was made more difficult because the students, whether from the MGH School or the Household Nursing Association's Shepard-Gill School of Practical Nursing, were regularly reassigned to other floors according to their respective rotation plans. (Since 1952, students from the Shepard-Gill School had affiliated for medical-surgical nursing experience at the Baker Memorial. In July 1970, the Shepard-Gill School was legally chartered as a part of the MGH, but it has remained wholly separate from the MGH School of Nursing.) One of the great advantages of the team plan was its high potential for developing cooperation and for diminishing barriers, if good leadership were provided. The ways in which the students were helped to become good team members had a direct bearing on their behavior when, later in the internship, they had experience in being team leaders. Probably the chief bonus of the plan in nursing service situations was not so much the administrative advantages as it was the increased recognition of the value of every member of the team.

For many years the progress of Nursing towards becoming a true profession and each school's progress towards providing a sound education had been limited in large degree by the lack of well-prepared faculty.

By the early fifties, competition for faculty among the various types of programs had become intense, since so few with the appropriate qualifications were available. The NLN continued to make studies to attain a broad view of the accomplishments fostered by the School Improvement Program. What progress were hospital-conducted schools making?

In 1953 the NLN study *Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing* revealed that the average number of full-time nurse faculty was 5 among the 955 hospital schools that submitted data.¹ The number of students in these schools ranged from over 300 to fewer than 50. Data concerning 6,601 nurse faculty members, whether full- or part-time, showed that 11.8 per cent held a master's or higher degree, 51.9 per cent held a baccalaureate degree, and 36.3 per cent had no degree. While the number with a master's degree seems low for educational programs that purported to prepare students for professional Nursing, a glance back to the figures for 1934 published in the report of the Committee on the Grading of Nursing Schools shows considerable achievement. At that time 29 per cent of nurse faculty members had not graduated from high school, 51 per cent were high school graduates but had no college preparation, and only 20 per cent had as much as one full year of college. By 1951, 68 per cent of 7,985 faculty in hospital and college basic schools of nursing held a bachelor's degree, and 16 per cent held a master's degree.²

In addition to the educational preparation of the faculty, the ratio of instructors to students has significance. However, the complexities involved in determining the ratio in the clinical areas, where it is most important, made it difficult to obtain reliable figures. The almost universal lack of clinical instructors for the evening and night assignments remained one of the weakest links in the educational chain.

What were the attainments of the MGH School at this time?

Certain facts are available from the MGH School's annual reports and bulletins. In 1953, the number of preclinical students admitted was 133, the number of "accepted" students in the School was 271, and 111 were graduated.³ The School's *Announcement* for 1952-1953 indicates the size and the preparation of the faculty. All were employed full-time, but the

positions of some involved both nursing service supervision and instruction of students. The clinical areas included were the General, the Baker Memorial, and the Out-Patient Department, but not the Phillips House since no students were assigned there. Though the students spent seven months on affiliations, since these agencies provided the instruction they are not included. Certain day supervisors and the evening and night supervisory personnel of the General and the Baker have not been included in the figures given. Of course they were involved in the education of student nurses, but in such a transitory way that their influence must be acknowledged rather than considered a part of faculty action. The use of the term "faculty" is misleading, but for convenience it is used here to include the following categories of members: the administrators of the School and Nursing Service; the teachers with no nursing service functions; the individuals who held dual positions involving supervision and teaching; and the counselor, librarian, supervisor of health, and supervisor of residences.

Altogether in 1953, the School faculty included 41 persons, 9 of whom held a master's degree, 17 had a baccalaureate degree, and 13 had no degree. Four of those without a degree had attended college for periods ranging from a semester to two years; some others were taking courses on a part-time schedule. Several were recent graduates, just acquiring their first teaching experience as assistants. All of the others had had experience in such positions as head nurse, supervisor, public health nurse, instructor, or assistant director. Their association with various agencies or schools increased the diversity of views held about Nursing and nursing education, and enlivened committee work and faculty meetings. Six who were graduates of either the Yale University or the Simmons College schools brought firsthand knowledge of these programs. Any danger that the MGH faculty might be insular in its philosophy or educational methods had been minimized by the presence and contributions of the 17 members of the faculty who were graduates of schools other than the MGH.

One other large group helped the School to realize its objectives, the 49 graduates who as head nurses were part of the Nursing Service. Their cooperation was absolutely essential to the School, no matter how many

clinical instructors there might be. Many but not all of the head nurses were MGH graduates; 7 held a baccalaureate degree.

The account of the size and preparation of the faculty and the associated staff would be incomplete without reference to Eva Hicks, the administrative assistant in the Nursing Office who carried on the work of predecessors such as Nettie Fisher and Helen Voigt. Miss Hicks used the School's rotation plan in assigning students to the wards or floors of the clinical areas at the MGH, for both day and night experiences, and made sure that the groups of students moved to and from their affiliations. It was now more difficult to make the adjustments caused by illness or absence because each student had a particular place in the rotation. The need to maintain a balance between students and Nursing Service personnel was a constant problem, and the goal of an ample and stable staff had not yet been attained. Just as the recording secretary in Miss Sherwin's department supplied accurate records of the academic work, the administrative assistant was responsible for recording all clinical experience, not only to provide the School with all the data about every student but also to supply the Massachusetts Approving Authority and the NLN with the information that they required for their use. Miss Hicks faithfully filled this exacting position until her retirement in 1972.

The complexity of the School's functioning grew more rapidly than its size. Some secretaries had been added to help with the administrative details, and to take care of the formidable load of correspondence, schedules to be prepared, minutes, records, and reports to be typed. One secretary could have used more than full time in cutting stencils and running the mimeograph machine to prepare teaching materials, most of which were funneled to Miss Sherwin's secretaries, in whose domain the mimeograph machine resided. One secretary has had a particularly long and valuable association with the teachers. Marie Hancock Janczunski, or "Mrs. J.," who later became the recording secretary, had a remarkable tolerance for last-minute requests and the late filing of attendance records. Her gay spirit eased periods of tension and many a critical moment.

The myriad responsibilities of the secretary to the Director of the

School of Nursing and Nursing Service demanded exactly the good judgment and tact that Barbara Fitch brought to the position. Her detailed knowledge of Boston's "Who's Who" prevented any errors of emphasis that might have plagued a person who had no firsthand knowledge of the social scene of which the MGH was a part. After Miss Sleeper's retirement and the separation of the School and Nursing Service, Miss Fitch became secretary to Miss Petzold, the position which she still occupies to the great advantage of the School and its faculty.

In the ten years from 1956 to 1966, the pressures for change in the School continued to come from outside the MGH as well as from the aspirations of the individuals at the Hospital who were most closely associated with the School. Some long-sought goals were attained before the end of the fifties, others occurred very slowly, still others remain to be reached. By the end of this period, greater changes had been made at the School than in any previous decade.

On the national scene, expanding programs and construction of new hospitals placed increasing demands on nursing schools to supply the necessary staff. The deficit between the numbers needed and those available increased annually. The degree-granting schools were still far from able to provide enough nursing practitioners, teachers, or administrators. The diploma schools, though somewhat reduced in numbers, were still supplying the majority of registered nurses. The validity of education for Nursing in hospital-conducted programs was questioned with increasing force by some segments of the profession, with unsettling results for those associated with such schools. Stresses within the profession were building up. The dilemmas faced by hospitals such as the MGH continued to grow more perplexing and, in some cases, to be no more responsive to proposed solutions. There was no question that the School of Nursing was essential to the MGH. The faculty of the School recognized the need for nurses and urged continuing the School, in the hope that efforts would increase to improve the facilities and all aspects of the program. They recognized that their hopes depended on the Hospital's abilities to deal with its challenges, as well as on the ability of the Nursing Service to cope with the demands made on it.

An added source of pressure on the School, hitherto of no great impact, came from the Massachusetts Approving Authority, which in 1956 issued *Requirements and Recommendations for Approved Schools of Nursing*. This was a response to action taken by some of the Nursing leaders in Massachusetts, who had worked to raise the level of the Approving Authority's standards and usefulness. (The 1944 *Minimum Curriculum and Syllabus for Schools of Nursing* was revised later.) Before the publication of these revised *Requirements*, in March 1955 Dr. Robert C. Cochrane, secretary of the Approving Authority, sent a draft of the minimum requirements to all the directors of the approved schools, to obtain their suggestions. Directors, their faculty, and their assistants in Nursing Service scrutinized the draft, which reflected the standards and beliefs of the nurses who had contributed to it. The influence of the NLN was evident. Efforts had been made to raise standards reasonably, but to achieve definite improvements in Massachusetts schools. The MGH School, like most schools, found that certain adjustments would be necessary.

One of the requirements related to the adequacy of the staffing by Nursing Service. In each clinical division in which students had experience, a permanent staff of registered nurses must be maintained in sufficient numbers to stabilize the Nursing Service and ensure a well-balanced clinical program for the students. Enough nonprofessional workers to ensure good care of the patients might be used to supplement the services of others. One other requirement stipulated that a graduate nurse must be specifically designated to be in charge of each unit, day, evening, and night, whenever students were having clinical experience. In the relatively protected assignments to evening and night duty in the School of the mid-fifties, such a standard had not been achieved, particularly on the lower Bulfinch wards, though the Hospital offered special financial inducements to graduate nurses for these undesirable shifts.

The standards governing a school's physical facilities included (1) adequate offices for the administration and faculty; (2) properly equipped, quiet, and conveniently placed ward conference rooms located in each clinical division used by the school; (3) seating capacity and table space in the library adequate to accommodate from 15 to 20 per cent of the

number of potential users. At the MGHSN, office space had long been inadequate for so large a faculty. The conference rooms, so carefully planned by Miss Sleeper and her staff for the White Building, had been taken over by other Hospital groups. Space in the Bulfinch Building and the Baker Memorial was even harder to supply. No means of expanding the Palmer-Davis Library had been found.

Fortunately, the Approving Authority's requirements related to the education and experience of faculty, administrative day, evening, and night supervisors, and head nurses applied only to new appointments. Otherwise, few schools could have met all of the standards. Each head nurse must have had at least six months' experience as a general staff nurse and/or as an assistant head nurse in a hospital that conducted an approved school. Also she must have fifteen college credits derived from courses that increased her preparation for her responsibilities. Administrative supervisors on each shift were required to have fifteen college credits. For most positions on the faculty both a baccalaureate degree and appropriate experience were specified; an exception was made for the clinical instructors. The requirement of thirty credits instead of a degree was a reflection of reality, not desirability. Even the experience requirement was difficult to meet, so few were the available clinical instructors, with the official qualifications—one year of full-time experience on the faculty of an approved school of nursing as an assistant clinical instructor or supervisor or head nurse.

The Approving Authority set for each student a minimum sick leave of 21 days in the three-year program, and an annual vacation of 4 weeks. A limit of 44 hours per week of class and clinical experience was specified; a total of 40 hours was recommended. Assignment to night experience (11 P.M. to 7 A.M.) was not permitted until the student had completed the basic courses in medical and surgical nursing and pharmacology. The amount of evening and night practice was not to exceed 28 weeks in the three years.

In her annual report (1956), Miss Sleeper noted that the School had met most of the new regulations, but three important ones could not yet be met: the combined hours for class and practice exceeded the standard; some students were assigned to evening and night duty with-

out a graduate nurse on duty on each floor; evening and night assignments totaled more than 28 weeks in three years. However, the School did meet the requirement that the student health program must be under the supervision of a qualified physician and a registered nurse. Dr. John Keller, a member of the MGH Visiting Staff, had been appointed on a part-time basis to the School's Health Services. He replaced the Medical Resident, whose brief assignment had provided neither continuity nor appropriate doctor-patient relationships. This change, long desirable, proved to be eminently satisfactory.

In 1957 the School made many other improvements in its program and introduced a new plan for the curriculum that permitted greater latitude in the arrangement and content of courses. An outside influence helped to bring about this change. Though many schools of nursing no longer admitted a spring class, the MGHSN had continued to have one because the School facilities could not accommodate one large September class and because an even flow of students was needed to provide care for patients. The number of applicants for the March class had been diminishing for some years, and the faculty in 1956 had commenced study of the adjustments that could be and must be made if no spring class were admitted. Of the last class admitted in March (1957), only 36 members completed the preclinical term. The usual preclinical term was eliminated in the planning for the class entering in September 1957.

It seems important to point out why the faculty made heroic efforts to maintain the educational program for the students and affiliates then in the School and, without additional teachers, at the same time to introduce an essentially new plan of instruction. In her annual report for 1957, Miss Sleeper resorted to italics for the first and only time, when she wrote:

*The School needs a unit which will provide the necessary classrooms. The School needs a unit which will provide adequate space for teachers. The School needs a library which will encourage students and graduate nurses to read and study. The School needs a recreational unit suited to the needs of young women most of whom are adolescents.*⁴

It would be 1960 before the overlapping of the old and new plans would end, and still later before the greatest needs of the School were met.

These inadequacies were not allowed to block efforts to devise a better curriculum. To crystallize their ideas, the faculty needed free time, an opportunity given them in July 1957 when the first three-day workshop was held, away from the MGH. Spurred by the exciting chance to construct a plan designed for only one class a year and to implement hitherto unrealizable learning sequences, they devised a program unique in the history of the School. A particular phase of the curriculum was allotted to each of the three years. The largest number of innovations related to the freshman year. The students were introduced to a broad view of Nursing and to people of all ages and backgrounds, whose needs for health instruction and care formed the *raison d'être* of Nursing. Instead of plunging into concentrated science and nursing courses as before, the students were given a core of physical and biological sciences in the first 8 weeks, which provided the basis for further study. The instructors were A. Frances Gibbons, anatomy and physiology; Mrs. Ruth Pitt, chemistry; Constance Stevens, microbiology.

At the same time, an expanded course in the social backgrounds of Nursing commenced, which provided the students with guided opportunities to become acquainted with the communities within Boston from which many MGH patients came. The instructors of nursing, freed from the traditional demands of teaching the course at once, assisted Miss Sherwin by accompanying the students on excursions and by participating in the classes that followed. These discussions, based on observations, source materials, and films, dealt with cultural, economic, political, and social factors that influenced changes in the American family and its health and welfare. This course of 56 hours, which continued into the second period, was associated with the introduction to health education and community nursing, for which Mrs. Cleora Horton (MGH 1942), Mrs. Ruth Eckstrom, and later Mrs. Margaret Arey Sandin (MGH 1931) were responsible. Observations, scheduled early in the MGH Clinics and the playroom of the Pediatric Department, introduced the students to ambulatory patients of various age groups and different needs. The course in introductory nursing, taught by Miss Petzold and her assistants, commenced at the end of the first 8 weeks, and paved the way for medical-surgical nursing, in the spring.

The amalgam of scattered units, formerly taught in various terms, became an 85-hour course called "Personality Background," which dealt with the development of the human being and the mechanisms of adjustment. Miss Sherwin, Dr. Mezer, Diane Fiske succeeded by Mrs. Margaret Anderson (MGH 1947) as instructor of pediatric nursing, and Mrs. Anderson's assistants shared in this instruction. The Human Relations Seminar conducted by Dr. Pearl Rosenberg was held between the second and the fifteenth weeks. Nutrition, formerly a preclinical course, was combined with diet therapy to form a 60-hour course associated with medical-surgical nursing. Rachel Jones developed stimulating and fruitful learning situations in which much of the instruction was individualized. Mrs. Virginia Johnsen (MGH 1943), Barbara Sheppard, Genevieve Manfredonia (MGH 1953), and others were the teachers for the combined course in medical-surgical nursing, which was placed in the second half of the freshman year between February and September. The associated clinical experience consisted of 8 weeks of general medicine, 1 week of applied nutrition, 17 weeks of general surgery (including 1 week of guided practice in the recovery room), and 4 weeks of gynecological nursing. During this period, learning commenced earlier in microbiology was reinforced and extended by practical application in clinical situations directed by the teacher.

Thus, in approximately a calendar year, with carefully selected and graduated experiences oriented to community nursing as well as hospital nursing, the freshmen progressed without the traditional pressures of the first six months or the premature and demanding experiences of the second six months. They were not assigned to evening or night experience in the first year. A plan to limit the size of groups on wards and in the classroom was beneficial to the students but created extra loads for the teachers because of the repetition involved. First one half and then the other of the 130 freshmen received classroom instruction, which was followed by clinical experience for two and one-half days each week.

The second year contained fewer changes. All students had a sound background in medical-surgical nursing before starting the three-term rotation for psychiatric, obstetric, and pediatric nursing. A fourth quar-

ter was given to ambulatory nursing, with assignment to the Clinics for 4 weeks, and 5 weeks for the course in neuro-orthopedic nursing with associated experience in orthopedic nursing, a unit taught by Joan Donohue (MGH 1956).

In this revised plan, the internship was extended to comprise the entire third year although, because of the arrangement of experiences, the stipend was paid for only eight months, as before. Eight weeks of instruction and experience in operating room nursing were provided. Advanced medical and surgical assignments were completed, together with some electives. A series of conferences, planned to strengthen the educational opportunities, dealt with management skills necessary for successful team leadership, the group process, professional adjustments, disaster nursing, and advanced medical-surgical nursing. By September 1959, when this freshman class began the internship, they would have had evening and night experience, and so they might be in charge on similar assignments in their last year.

In 1957-1958, when the new plan had been in effect for some months, some members of the faculty were invited to a meeting of the Advisory Council to describe various features of the first year. The Council was impressed with the imagination, the breadth of concept, the teaching skills, and the thoughtfulness of the teachers.

This new educational program led inevitably to increased costs. The faculty recommended to the Advisory Council and to the Trustees Committee on the School of Nursing that the tuition be raised to \$500, an increase of \$200, effective September 1958. Thus a student would pay \$500 for tuition, \$132.50 for fees, about \$200 for uniforms, books, and miscellaneous charges, so that the cost to her for her education during three years became approximately \$832.50. She realized \$240 from the stipend. By 1958 the School's expenditure for one student over three years was estimated to be \$4,000. Scholarships or a remitting of tuition were necessary for some students.

The increase in tuition did not lessen the number of good applicants or diminish the size of the enrollment of the School. In fact, 49 of the 128 students who enrolled had received financial aid, part of it coming

from remitted tuition from the MGH and the rest from fraternal, social, and other groups in their home communities.

The Advisory Council was informed also about an unrelated but interesting development that had brought \$15,000 to the Department of Nursing. The Federal Civilian Defense (OCDM) had provided a sum of money to the NLN so that curriculum planning and in-service education might be promoted in the area of nursing in disaster. Three degree-granting nursing schools had been invited to participate and the MGHSN was selected from the diploma schools. The MGH School studied ways in which to integrate disaster nursing throughout the curriculum and to develop an educational program for the faculty. The focus of Nursing Service was on teaching graduate nurses, practical nurses, and aides their roles in nursing during disasters. A full-time consultant to assist with planning was loaned by the United States Army Nurse Corps. Findings obtained from the year-long study were published by the NLN. Katherine Hardeman was particularly active in this study and in teaching the courses in first aid and disaster nursing to the third-year students.

During the summer of 1958, the School rejoiced that their intense efforts had been so successful and that the way ahead showed promise of further fulfillment. Jessie Stewart's faith in the plan and enthusiasm had been a bulwark for all. Her death in August, after a brief illness, was a shocking loss not only to her close friends, associates, and students of the MGH, but to all with whom she had worked in Massachusetts. Happy memories remained of her eleven years as Assistant Director of the School, but she was deeply missed. Within a few months a memorial scholarship fund was established in her name. It helped to meet the needs of students and served as tangible evidence of the esteem and affection felt for her.

The successful implementation of the revised curriculum in 1957 ended some traditions and began new ones. With a freshman class and no preliminary term, "Probie" parties no longer seemed appropriate, but big-little sister relationships continued and the Student Nurses Cooperative Association provided orientation to the School. The graduation exercises, held in June 1959, were moved thereafter to September so

that they came approximately on the anniversary of the date that the class had entered. The last baccalaureate services were held in 1959, because the next year the students decided that they preferred a change. In 1960 an invocation was added to the graduation program. Over the years, clergymen of various faiths were invited to participate.

Miss Sleeper and others on the faculty believed that faculty and students should have a time apart from graduation to share in an intramural function that would foster School spirit and bring the classes together. The first convocation, as this gathering was called, was held in 1959. In 1961 Miss Sleeper introduced a new feature, when she read her annual report at convocation instead of at graduation as had been the practice for decades. These annual ceremonies gave the recently admitted freshmen a chance to see the entire School assembled. Officers of the SNCA and the older classes took part in the program. Awards were given to students selected for outstanding achievement. It became the custom also to present a cape to one of these students. The excitement of the meeting was enhanced by holding it outside of the MGH, sometimes in the Dorothy Quincy Hall of the John Hancock Building. Since the combined student body and faculty numbered well over 500, the gathering was indeed impressive.

In 1959, the provision of dormitories for the 398 students in residence at MGH had been complicated by the discovery in the previous year that the 4 North Grove Street house was structurally unsound, and would have to be torn down. In June 1959 the Trustees purchased the building at 20 Charles Street, near Beacon Street (formerly the Lincolnshire Hotel), to house the 129 freshmen due to arrive on September 15. Well-adapted for a residence, the hotel had lounges, a reading room, and a recreation area on the roof. The decision to make it a freshman house stemmed from the need to have older students live at the Hospital because of evening and night experiences. Three small classrooms were set up at 20 Charles Street to relieve the demand for classrooms at the MGH. Books and bound volumes of nursing journals were also provided.

The Advisory Council continued its interest in the School. During the years from 1952 to 1958, when Mrs. Lloyd D. Brace was chairman,

the Council had benefited from her leadership and understanding. Many of the School's most vexing problems had been carefully considered by this knowledgeable and thoughtful group. In 1958 Mrs. Harris Fahnestock became chairman. At this time the Council studied carefully the School's new educational program, and submitted to the Trustees its recommendations concerning the School's needs so that the School would be included in the MGH 150th Anniversary Building Program.

CHAPTER 31

The Hospital in the Sixties

SOME time before the 150th Anniversary approached, the MGH began a drive for funds, with a goal of \$20,000,000, the proceeds to be used, among other purposes, for a new Clinics Building, already on the architect's drawing board, and a new Radiation Research and Therapy Building. By the end of 1959 the Fund had reached \$4,364,222. The first large gift came from the Joseph P. Kennedy, Jr., Memorial Foundation to provide for the establishment of the Laboratories for Research on Mental Retardation. Construction of these laboratories on a floor added to the Vincent-Burnham Building was soon undertaken, and they were dedicated in 1962. Together with the seventh floor, which had been added in 1952 with funds from the Hyams Trust, they provided facilities for the study of child psychology and a psychiatric clinic for children as well as the study of mental retardation. The first contributions to this drive served as an added stimulus to the coming celebration.

"To Heighten the Hopes of Man" was the theme selected for the 150th Anniversary Convocation, which was held on January 31 and February 1 and 2, 1961. Long before these dates arrived, a pervading excitement affected everyone associated with the Hospital as plans were developed from blueprint to realization. MGH people had rallied many times before to work together when they were challenged by some particular event such as a local disaster, epidemic disease, or war. In this instance, the rallying point was the pride and joy that everyone felt because "the grand old institution" was to celebrate its 150th birthday in a manner befitting its achievements and dreams. Committees proliferated, strangers arrived for consultations, films and stills were prepared, facilities were reserved, speakers invited, programs devised, revised, published, and arrangements made by a special staff.

The Nursing Department planned a day-long program of its own. Representatives from the Alumnae Association, the Advisory Council, and the Nursing Department were chosen to form a committee to plan symposia. An alumnae luncheon and a banquet were arranged by members of the Nursing Service staff and alumnae. Madalene Brown Calogiro (MGH 1940), the president of the Nurses Alumnae Association, and her associates participated in the many aspects of the program in which the Association was involved.

January 31, the first day of the convocation and the day on which the Nursing events were scheduled, dawned accompanied by zero temperatures, icy winds, and a strike by the Metropolitan Transit Authority. Nevertheless, over five hundred alumnae found their way to the Museum of Science, located a few blocks north of the MGH, where the meetings of the day were held. The program included nursing symposia in the morning and afternoon, a School-Alumnae luncheon, and a banquet in the evening at the Hotel Somerset.

The Committee for Nursing Symposia comprised Mrs. Lloyd D. Brace, representing the Advisory Council; Mrs. Constance Braman, Mrs. Claude E. Welch, and Mrs. Calogiro, representing the alumnae; and Miss Lepper and Miss Sleeper. For the morning session, which dealt with the concerns of nursing service, the topic was "The Evolving Role of the Nurse." Dr. Kenneth D. Benne, director of the Human Relations Center at Boston University, was the moderator. Papers were presented by Miss Frances Reiter, a former member of the faculty, who was dean of the Graduate School of Nursing, Flower-Fifth Avenue Hospitals in New York City; and by Dr. Hans O. Mauksch, director of the Department of Patient Care Research at Presbyterian-St. Luke's Hospital in Chicago. Their views and the issues raised were discussed by Dr. T. Stewart Hamilton, executive director of the Hartford (Conn.) Hospital, and Miss Lepper. The afternoon meeting discussed "Nursing Education for the Future." Sylvia Perkins introduced the members of the panel, who were Miss Helen Nahm, dean of the School of Nursing, University of California; Miss Mildred Schweir, director of the School of Nursing and Nursing Service, Rhode Island Hospital; and Miss Helen Belcher, Nurse Consultant, Division of Nursing, United States Public Health Service.

The Museum's skyline dining room on its top floor provided a spacious, sunny setting for the luncheon and a panorama sweeping from Harvard's spires and MIT's buildings to Boston's Charles River, Beacon Hill, the MGH, and the West End neighborhood, once the home of many MGH patients. On every table were bouquets of jonquils and iris, the blue and gold of the School's colors. The luncheon was a time for reunions, happy bursts of hilarity, and exchanges of news. The class of 1936, with 33 members present, celebrated its twenty-fifth reunion. Others that held special anniversary reunions were the classes of 1916, 1921, and 1931. After lunch, 14 members of the intrepid "Bordeaux Belles" held their annual meeting, at which they elected Margaret G. Reilly as president.

The professional symposia and the friendly luncheon were followed by the banquet at the Hotel Somerset. Guests and members of the Nursing Department, seated at the head table, were Mr. Francis C. Gray, Chairman of the Board of Trustees; Mr. John Lawrence, Chairman of the Trustees Committee on Nursing; Dr. Chester Jones, a member of the Trustees Committee on Nursing, and Mrs. Jones; Mrs. Harris Fahnstock, Chairman of the Advisory Council to the School of Nursing; Dr. and Mrs. Dean A. Clark, Dr. Ellsworth T. Neumann, Mrs. Madalene Calogiro, Miss Ann Marie Hanson (president of the Student Nurses Cooperative Association), Miss Edna Lepper, Miss Sylvia Perkins, Miss Ruth Sleeper, and Miss Daisy C. Bridges, of London, England, general secretary of the International Council of Nurses.

Miss Bridges, the guest speaker, captivated her audience by her grace and presence, her wit and compassion as she spoke about her concept of the future, "Nursing in the Year 2001." From her extensive travels she had concluded that in 2001, even more than in 1961, the world would need nurses who understood people and human relationships even better than they knew principles and techniques of nursing. Her observations in countries around the world caused her to query, "Will nurses relinquish to some other profession their unique function to give care? In an electronic age, will nurses tend the machines instead of the patients?"

After her address, nine graduates of the School, chosen by secret ballot by members of the Alumnae Association, were awarded citations

and commemorative medals. In the order of their year of graduation from the School, they were Helen Wood (1909), Margaret Reilly (1916), R. Louise McManus (1920), Katharine Faville (1921), Ruth Sleeper (1922), Edna Lepper (1926), Adele Corkum (1934), Ellwyne Vreeland (1934), and Marie S. Andrews (1936). The alumnae in this list who have had a long association with the School have already been identified in this *Review*.

Mrs. Andrews remained in Boston after she left the faculty of the MGH School of Nursing in 1947. During 1943–1947, while she was still teaching at the MGHSN, she taught orthopedic nursing at the Boston University School of Nursing, and she continued to teach there during the time that she was studying for her M.S., which she received in 1949. In that year, she was appointed assistant professor of nursing education at Boston College School of Nursing, and she was also appointed to coordinate in Massachusetts the nursing care of patients with poliomyelitis, care that was provided under the auspices of the American Red Cross, the Health Department of Massachusetts, and the National Foundation for Infantile Paralysis. In this capacity, she recruited nurses, directed the instruction of nurses and volunteers, and supervised the arrangements made for polio patients in Massachusetts hospitals. For her outstanding efforts, in 1951 she received from NFIP's President Basil O'Connor a Citation of Merit and a fellowship for study. In 1961 she was professor of nursing education and chairman of the graduate school of the Boston College Department of Nursing. Throughout the years, her vital interest in the MGH School and the Alumnae Association were valuable assets.

Mrs. McManus received her Ph.D. from Columbia University in 1947, and succeeded Isabel Stewart in the position of director of the Division of Nursing Education at Teachers College, where she remained until 1961. She had also been director of the Institute of Nursing Education, Research, and Field Services at Teachers College, since its founding in 1952. Mrs. McManus had fostered the development of nursing education through her leadership as chairman of the Florence Nightingale International Foundation, ICN; through her membership on the NLNE board of directors, and as chairman of the League's Com-

mittee on Measurement and Guidance. Spurred on by her efforts, pre-nursing guidance and clinical achievement tests were developed, and the State Board Test Pool was achieved. She gave energetic and imaginative support to the promotion of professional nursing through education and research.

Katharine Faville had received her M.S. in chemistry from the University of Wisconsin before she entered the Vassar Training Camp in the summer of 1918. After her graduation from the MGHSN, she acquired from Simmons College a certificate in public health nursing, a field in which she always remained actively interested. She next taught for some years, first at Teachers College and then at the Frances Payne Bolton School of Nursing. For seven years, she was the director of the Henry Street Visiting Nurse Service. Her first association with Wayne State University, then the Detroit City College, occurred during the years 1931–1934, when she organized Wayne's first program for public health nurses. In 1944 she returned to Wayne and guided the division of public health nursing into a fully accredited College of Nursing, and became its first dean. After the basic degree program was established, both a master's degree program and one for continuing education for graduate nurses were developed. Throughout her professional life, she served on the board or was an officer in national and state nursing organizations. During World War II, she organized the student recruitment program of the National Nursing Council. She was one of the first advocates of equal educational and professional opportunities in Nursing for blacks, spearheading this effort in Michigan in the mid-forties and continuing her support throughout her career. She remained at Wayne until her retirement.

Most of Ellwynne Vreeland's distinguished career was associated with the United States Public Health Service, which she entered during World War II as a nursing education consultant to the Cadet Nurse Corps. After her graduation from the MGH School of Nursing in 1934, she had continued her education at Teachers College, Columbia University, from which she received her B.S. and M.A. degrees.

In 1955, when the Nursing Research Grants and Fellowship Program of the Division of Nursing was established, she became its first chief.

Miss Vreeland developed a program of support for extramural research and research training in all fields of Nursing. The year after she was honored by her School of Nursing, she was appointed chief of the Research and Resources Branch, Division of Nursing, with the rank of nurse director in the regular commissioned corps. Here she focused her activities on a program of intramural studies and consultation.

She received the USPHS Meritorious Service Medal in 1966. The accompanying citation noted her "exceptional performance in developing nursing research and endowing the Public Health Service's intramural and training programs with her own superior distinction. Her individual research contributions and those shaped by her leadership have advanced the quality of nursing practice, and therefore, the well-being of the Nation. Nursing research in the United States is indelibly imprinted with her name." When she retired in 1968, she held the rank of nurse director.

In 1970, the Teachers College Nursing Education Alumni Association presented to her the award for distinguished achievement in research and scholarship.

Research in Nursing was beginning to receive recognition in 1954. Its development was fostered by her many contributions.

On January 31, while the Nursing program of the anniversary celebration was being presented at the Museum of Science, scientific symposia were being held at the MGH. Doctors notable for their achievements in clinical practice, research, and medical education had been invited from universities in England, France, Belgium, and Sweden to join eminent leaders in the United States. The symposia dealt with Precision in Surgery, Atherosclerosis, Genetic Disorders of Endocrine Glands, Connective Tissue and Certain of its Diseases, Frontiers in Cancer, the Study of Cell Structure in Nervous Disease, and Rhythmic Activity of Tissues. On February 1 and 2, the symposia considered major social and health issues: The Hospital and the Community, Financing Medical Care, International Health, and Medicine of the Future. Each of these symposia held great interest for the audience but, in part because of its panoramic scope, "International Health" was particularly

significant. The moderator was Dr. Howard Rusk, professor and chairman of the Department of Physical Medicine, New York University Medical Center. The participants included Dr. Alberto Hurtado from Lima, Peru; the Rajkumari Amrit Kaur, former minister of health, India; Sir Samuel Manuwa, who had been chief medical advisor to the Federal Ministry of Health, Nigeria; Dr. H. van Zile Hyde, chief of the Division of International Health, USPHS; and Dr. Paul D. White, president of the International Society of Cardiology Foundation.

The social program included luncheons, a dinner dance under the auspices of the MGH House Pupils (Interns) Association, the reunion dinner of the Social Service Department, and finally, on the evening of February 2, the 150th Anniversary birthday banquet and reception.

This outstandingly successful convocation set a very high standard for those who would celebrate the 200th birthday of the MGH.

The stimulation afforded the community of MGH by the 150th Anniversary diminished gradually, but the long-established accelerating pace of change continued. Visitors who had returned for the celebration found the area almost unrecognizable because so many landmarks had vanished. Inside the Hospital grounds, demolition and construction were due to begin soon on a scale not seen since the preparations for the White Building. The cry for more space had not diminished in any quarter, since innovation in the care of patients, new services, and expanding functions increased, and the number of patients and personnel grew. The environs of the Hospital on its south side had been converted into parking areas for patients, visitors, staff, and personnel. As the number who came to work at the MGH increased, the number who resided there decreased. Cars filled the blocks on both sides of North Grove Street from Cambridge Street to the Hospital. More space was sought in the area north of Allen Street, where the demolition for the West End Development Plan had occurred. High-rise apartments were being constructed there, and the MGH hoped they might have office space for doctors and apartments for graduate nurses.

Within the Hospital some important additions had been made to improve the care of patients. In 1961 the reorganized Emergency Ward

treated, on the average, one patient every twelve minutes around the clock. The acquisition of its own X-ray unit speeded up diagnostic procedures and spared the patients from the long trip and longer wait in the White 2 X-ray Department. Adjacent to the White operating rooms up to 30 patients could be accommodated in the recovery room and remain there for hours or days as their condition demanded. Bulfinch 3, the critical care ward of the medical services, was completely renovated to make it one of the best-equipped, modern, patient care units in the MGH. A five-bed respiratory unit was opened in the north end of the second floor of the Phillips House for patients from all parts of the Hospital who required close surveillance and intensive care, often of an emergency nature. Medical supervision was assigned to the Anesthesia Department and nursing was in charge of the assistant director of Nursing Service in Phillips House. Highly technical procedures to sustain respiratory and cardiac function included tracheostomy, ventilatory assistance, and cardiac resuscitation. Initially, eighteen nurses were prepared for this exacting service, which included essential nursing care as well as recognition of the patient's needs for emergency measures and the ability to assist the doctors competently. An interesting example of the growth of a service provided by nurses is that of intravenous therapy, started in 1940 at the MGH with one nurse, Mrs. Ada Plummer (MGH 1938), who answered 300 calls in the first year. By 1961 the service had grown to have a staff of nine nurses who carried out some 42,000 procedures for patients in the Phillips House and the Baker Memorial. The House Staff met these needs in the General Hospital.

A few figures provide other evidence of the growth of the Hospital's activities related to the care of patients and of two groups that provided much of that care. In 1952, the MGH had 851 beds; in 1961, with the addition of 28 beds in the Phillips House, 32 in the Baker, and the rest in the General, the total was 958. In 1950, 16,939 patients were admitted; in 1960, 24,610. Total visits to the Clinics were 195,849 (1950) and 225,456 (1960). The number of surgical operations had increased from 11,777 (1950) to 13,861 (1960); the nature and complexity of the procedures had changed markedly as well. The size of the House Staff grew from 105 (1950) to 136 (1960). The census of graduate nurses in October 1951

for the House, Clinics, Baker, and Phillips House totaled 343; in October 1961 it was 412. Not all of these were bedside nurses, but their functions were all directly or indirectly concerned with the care of patients.

The relatively small amount of space that had been added in this decade for facilities for the care of patients has been noted. The area for supporting services, such as those of the Dietary Department, had not expanded appreciably in two decades. Funds acquired during the Hospital's anniversary and from other sources had been sought with these needs in mind.

Only a few months after the Anniversary Convocation, Dr. Clark resigned from his position as General Director. Following a period of recuperation from poor health, he returned to the field of public health. For some months, while a new Director was sought, Dr. Neumann provided capable administration.

Dr. John H. Knowles became the Hospital's General Director in February 1962. Appointed Director of Medical Affairs in 1961, a new position created to coordinate the medical projects of the physicians of the MGH, with his characteristic vigor he had assembled a report on the growth characteristics of the MGH during 1950-1960, the period that he had been associated with the MGH.

At the age of thirty-five, Dr. Knowles was the youngest man ever to be the MGH Director. He differed from his predecessors in many of his views, in the vehemence of his advocacy for them, and in the joviality of his relationships with his associates. The charged atmosphere that became evident soon after he was appointed Director provided stimulation throughout the Hospital. His energy and tenacity in the face of odds, whether medical, social, or political, became legend far beyond the MGH as he fought for what he believed was right. He relished encounters that would increase the likelihood that people might be spared hospitalization, or, failing that, would improve their care. Aggressively he tackled social and economic issues that undermined the health care system of which voluntary hospitals were a threatened part. Dr. Knowles fearlessly identified the elements in a situation which he believed needed

to be sustained if they were being eroded, or eliminated if they were blocking progress.

Dr. Knowles recruited outstanding individuals for research in basic science and its application in clinical practice. He believed in equality of opportunity for all. His recognition of the significance of the individual ranged from the patients whose rights he supported through the ranks of the employed to those in the professional groups.

One long-term problem was the lack of space. In 1962, the Trustees authorized plans for a new building to be constructed on the north side of the Hospital in the area then occupied by the Octagonal Building (1846), the Hospital laundry, the Pathology Building (1896), the Power House (1898), and the Domestic Building (1901). The architect's plans included the facilities for immediate use, as well as construction of a shell to enclose unfinished areas, which could be utilized subsequently. Significant savings in construction costs were realized by this scheme, and, as Dr. Knowles stated in his 1964 annual report, the whole institution could thus choose a rational system of priorities for the future uses of this building. In June 1964, demolition of the Pathology Building and the Domestic Building began. Structures appeared, to become temporary (as the MGH used the word) in the few open attractive spaces that the Hospital afforded. The landscaped Macomber Quadrangle between the nurses' cafeteria and the Phillips House, as well as the Bulfinch lawn, had to be used to provide space for uprooted services such as the general and food stores. The Brick Corridor that connected the Bulfinch Building to the rest of the central part of the plant was also to be sacrificed. This brought the removal of the post office and the loss of the spiral iron stairway by which it could be reached. Persons long associated with the Hospital had many memories of the Brick Corridor, which formed a central square with windows to the east and a long bench built in beneath them.

Space was finally cleared and in November 1966 construction began on the thirteen-story "north" building, which was later called the Surgical and Special Services Building, and ultimately the Gray Building. When it was opened for use in 1969, a main entrance to the Hospital had been provided on Allen Street, now renamed Blossom Street since it

provided a continuous connection between Cambridge and Charles streets. From the entrance, a north-south corridor led into the White Building. Where the Brick Corridor had been was the junction with the Baker Memorial corridor to the west. A feature of the new cross-roads was the new home of the now charming gift shop that had been moved from the Moseley Building. On the second floor, space had been provided for the expansion of the Radiology Department; on the third, space for twenty-four new operating rooms and a large critical-care unit were included. Administrative services, now centralized, and the Blood Bank had been moved to the first floor of the new building. As planning progressed, uses for the remaining space would be specified. For example, the Stevens Diagnostic Center, named for a generous benefactor, would be located on the second floor.

Some long-hoped-for developments could not be realized, but in 1964 substantial improvements were made in the Clinics Building through the use of decoration and new equipment. The lack of an appropriate, attractive auditorium was met by modernizing and furnishing the Moseley Rotunda, in 1963. Between the chapel and the entrance to the Baker Memorial, a coffee shop was built and opened in the same year; it was operated and staffed by paid personnel, assisted by members of the MGH Service League and the Ladies Visiting Committee who had been instrumental in providing it.

The Hospital's services to the community were extended when the MGH became the first general hospital in the United States to establish and operate a medical station at an international airport. Opened in 1963, as a cooperative venture with the Massachusetts Port Authority, the Logan International Airport Medical Station was equipped to deal with the health problems of its more than 5,000 employees, and of the several million travelers and visitors who passed through the airport each year. Dr. Kenneth T. Bird was the medical director, Mr. Henry J. Murphy, associate director of the MGH, provided the administrative direction, Miss Lepper had the responsibility for Nursing Service, and Miss Grace B. Bissonnete was the chief nurse. Twenty-four-hour coverage was provided by five full-time nurses. Direct communication

with the MGH, in part through the telecommunication system, made possible immediate advice and necessary orders.

Ether Day, October 16, 1965, was an occasion of unusual importance. The House Pupils Reunion coincided with the dedication of the Ether Dome as a national monument; a plaque, designating the Dome a registered National Historic Landmark, was presented by Mr. Edwin W. Small, who represented the director of the Department of the Interior and the director of the National Park Service. Dr. Henry K. Beecher, Chief of the Anesthesia Service, delivered the main address. The dedication of the Harold Wentworth Pierce Laboratories also took place on this occasion. The Pierce Laboratories were to be devoted to research in cardiopulmonary disease, in which a basic science approach involving biochemical, biophysical, and immunological techniques was to be used in the clinical research. The work and plans for these laboratories were discussed by Dr. Robert H. Ebert, who had been principal investigator on the cardiopulmonary project. In January 1964, Dr. Ebert had succeeded Dr. Walter Bauer as Chief of the Medical Services; in July 1965, Dr. Ebert became dean of the Faculty of Medicine at the Harvard Medical School, succeeding Dr. George P. Berry. Dr. Alexander Leaf became the new Chief of the Medical Services.

At the alumni luncheon, Dr. Edward D. Churchill, until 1964 Chief of the General Surgical Services, was the recipient of the third John G. Treadwell Award. Named in honor of the physician for whom Treadwell Library was named, this award is given periodically to an outstanding graduate of the MGH internship-residency program. Dr. Paul Russell, who succeeded Dr. Churchill in 1965, had begun his work in the field of reconstruction surgery, and had made many successful transplants. Dr. Russell discussed future developments at MGH, particularly as they related to the early and long-range uses of the new facilities in the Surgical and Special Services Building. Dr. Knowles announced two recent appointments, new to MGH and among the first such appointments in the United States. Dr. Octo Barnett was made head of the laboratory for computer science, which would study the possible ways in which computers could be of use in the MGH. Dr. Victor Sidel

would explore the uses of hospital-based preventive medicine, analyzing the social, economic, demographic, and behavioral patterns of MGH patients. Findings of this study were seen as essential to regional planning and the organization and distribution of services. Another type of project in which the MGH was a participant was described by Dr. Oliver Cope, Chief of Staff of the Shriners Burns Institute. In addition to their care of crippled children, the Shriners were developing a facility to provide care for burned children and to conduct research, a function that required association with a university teaching hospital. A pilot project had already begun at MGH. On land secured by the Shriners, on Blossom Street across from the MGH Research Building, a building for these purposes was opened in 1968.

As a postscript to the old and prelude to the new era, Thayer House was torn down in 1968 to make way for a facility needed for the treatment of cancer; the clinical and basic research would utilize the disciplines of radiobiology, viral oncology, genetics, immunology, and biochemistry in this new attack on the problem of cancer. In 1964, the Cyclotron Biomedical Building at Harvard University had been dedicated, a project designed to further the study of the effects of high-energy protons on animal and human tissues. The future was seen to hold the promise of radio surgery in which proton beams would be employed in the management of intracranial disease.

At the MGH several changes in positions and retirements during the sixties were of particular significance. The first one came in 1961, when Mrs. Robert Homans, who had been a member of the Board of Trustees for seventeen years, decided not to accept reappointment. One of the four Trustees appointed by the governor of the Commonwealth, she was succeeded by Mr. Elliot Richardson. Another Trustee, Mr. Francis C. Gray, who had been chairman of the Board of Trustees since 1946, relinquished the chairmanship in 1964. He remained a Trustee, and was named President of the Corporation. To succeed him, Mr. John E. Lawrence, a Trustee for seventeen years, was appointed chairman of the board in February 1964.

In the Social Service Department, Miss Josephine Barbour, who had

succeeded Miss Cannon as Chief in 1945, reached her own retirement at the end of 1964. Miss Barbour had been associated with the department for thirty-eight years. Miss Eleanor Clark became the third Chief of the Social Service Department.

Each of the individuals who became responsible for some aspect of the Hospital's development in the sixties was faced with increasingly complex problems related to the costs of care for patients and financing of the institution. By 1962, \$12,000,000 had been realized from the Anniversary capital-fund drive, but even this sum was not equivalent to the needs. By 1966, with nearly 6,000 persons employed, Dr. Knowles noted that three-quarters of the MGH annual costs were those of salaries and fringe benefits paid to employees. The costs of constructing the Surgical and Special Services Building were estimated in 1964 to be \$12,000,000. Many of the improvements made to date in various parts of the Hospital had been made possible by funds raised in 1961, so that the Trustees were faced with the problem of procuring the balance. Meanwhile, even modest increases in salaries and wages, absolutely essential to maintaining the nursing staff and retaining employees, contributed to the mounting deficit. In 1962, staff nurses averaged two dollars an hour; in 1966 when three dollars an hour was in sight, unskilled laborers in many fields were earning more.

In his annual report for 1962, Dr. Knowles noted that the care of one patient in the respiratory unit cost the Hospital a minimum of \$120 per day. Blue Cross had not provided for reimbursement in such cases. The maximum allowed by the State Welfare Department did not include payment for special nurses or blood transfusions. Dr. Knowles pointed out that the MGH budget for patient care activities was approaching \$2,000,000 a month. The census had reached and held an all-time high; this brought added income to the Hospital, but it also imposed a strain on every department. The cost to the MGH for the care of a patient exceeded \$44 per day. Dr. Knowles identified the two biggest deficit-producing areas as inadequate welfare reimbursement and free care. For the fiscal year ending in September 1962, the amount of care given for which the MGH was not reimbursed cost the Hospital \$2,402,000. By 1964 there were predictions that the figure of \$50 for the average cost of

one General Hospital surgical patient for one day might well reach \$75 in ten years. With such a financial outlook, it is no wonder that controversial cost items were scrutinized. Among them was the cost to the Hospital of paying the board and room for student nurses. Questions were being raised in more than one quarter about the validity of having patients pay for the services of student nurses.

These examples of changes in the MGH and the burgeoning developments in the Hospital may provide some background for understanding the setting in which the Nursing Service functioned and the School carried on its program.

CHAPTER 32

The School in the Sixties: Winds of Change

IN 1960, uneasiness about the School's facilities intensified among the faculty and members of the Advisory Council as they saw the Hospital's building program move ahead. If the Thayer House and the Domestic Building had been demolished at the time originally planned, the loss of space would have been disastrous for the School. In residence and attending classes were 402 students in the three-year program, 15 in the Coordinated Program, 24 from Simmons College, as well as 22 affiliating students from the schools at the McLean and New England Baptist hospitals. Demolition of the Thayer House would have meant the loss of 110 dormitory rooms and 16 offices for instructors and secretaries. The nursing classroom (TCR) with its storage space and dressing booths, the only conference room, and the nutrition laboratory would have been removed from use. The destruction of the Domestic Building would have eliminated the two science laboratories and three nursing laboratories. The relocation of the 110 occupants of Walcott House and Bartlett Hall to make way for the Thayer evacuéés posed another unanswerable space problem. Even the recently acquired freshman dormitory at 20 Charles Street provided housing for some students of practical nursing, whose numbers were likely to increase.

The Advisory Council had recommended to the Trustees that they find or build an apartment house for graduate nurses who lived in the dormitories, but sufficient funds were not yet available to provide additional housing or a School building. The projected expansion of the Hospital's facilities was expected to increase the size of the School, yet the faculty were already burdened by the heavy demands on their time and energy due in part to the paucity of classrooms. This was an especially difficult time for the MGH because costs had exceeded income to

a dangerous level, and the outlook for more buildings for the Nursing Department was bleak.

The NLN Cost Study of 1959–1960 revealed the great changes that had taken place in the economics of hospital-conducted schools of nursing. One of a number of schools selected for this national study, the MGH discovered just how far the pendulum had swung from the days when its student nurses were a financial asset. Painstaking estimates made by the faculty and the head nurses allowed the ability and “useability” of a student to be compared with those of a graduate nurse, and placed a monetary value on the hours a student contributed to patient care as a part of her education. The sum thus derived, added to the tuition and fees she paid, made a total income of \$1,000 per year, per student. Since the gross annual cost to the Hospital for each student was estimated as \$2,364, the net cost to the Hospital was \$1,364. In terms of the total three-year program, the Hospital paid \$4,092 towards the education of the student.¹

As a partial solution to the problem, the School decided to increase tuition rather than charge the students for maintenance. The most drastic tuition increase in the School’s history ensued, in 1961: from \$500 to \$1,100 for the three-year period. School fees and the costs of books and uniforms added some \$300. For the time being, the Hospital continued to supply board, room, and laundering of uniforms. To offset this startling increase, the Trustees approved remitting tuition for 18 entering freshmen and 21 enrolled students. Obviously, the School needed a substantial sum of money to invest, whose income would provide financial aid and so avoid the use of School income. In 1961, the Trustees established a loan fund that was used increasingly in later years. Alerted to the School’s growing need, the Alumnae Association, several alumnae clubs, and individuals gave substantial gifts for scholarships. In 1962, through the generosity of friends, the School received \$70,000 to establish the William C. and Jessie B. Cox Scholarship Fund to provide another source of student aid. The practice of remitting tuition continued, but for the present it was not necessary to provide such large amounts.

In 1963, the tuition was again increased, and the School began to

charge the freshmen \$80 per month for maintenance during their first six months. Gradually these charges were extended to each of the three years. In September 1963 a new expense was added, partly because the Boston Lying-In Hospital and the McLean Hospital each began to charge \$75 tuition for each student. To help needy students, the School continued to remit some tuition, distributed some scholarships derived from funds, and set up a grants-in-aid plan. Students who received financial aid were also given a chance to offset it somewhat by working in the offices of the School or in the library.

The MGHSN had become one of the most expensive hospital-conducted schools in New England. The rising costs to students from 1961 to 1970 are summarized in Table 32-1.

Table 32-1

AMOUNTS PAID BY STUDENTS FOR THREE-YEAR PROGRAM*				
<i>Costs for</i>	<i>1961-1963</i>	<i>1964-1966</i>	<i>1966-1968</i>	<i>1970-1972</i>
Application fee	\$10.00	\$10.00	\$10.00	\$10.00
Tuition	500.00	1,300.00	1,300.00	1,400.00
Board and room	MGH supplied	480.00	480.00	1,650.00
Fees	120.00	205.00	155.00	350.00
Blue Cross- Blue Shield	not required	not required	309.00	420.00
Pre-entrance tests	10.00	12.00	22.00	27.00
Uniforms	105.15	110.00	125.00	155.00 (men: 75.00)
Books	<u>72.60</u> \$817.75	<u>90.00</u> \$2,207.00	<u>90.00</u> \$2,491.00	<u>192.43</u> \$4,204.43

* All data from School catalogues. Required deposits for breakage and keys are not included.

The widespread need among schools of nursing for help in meeting requests for financial aid resulted in the establishment of a Federal Loan Plan, under the Nurse Training Act of 1964. The MGHSN reviewed the provisions of the act carefully, so that the School might participate as soon as the funds became available. In 1965, 77 students applied for

assistance from the Nursing Student Loan Program. The School received funds that provided loans ranging from \$100 to \$1,000. The total aid granted was \$33,845, \$15,300 from the federal loan fund and the remainder from the School and other sources. Comparable amounts were provided in the next several years.

Rising costs and other factors brought changes in some of the School's traditional practices. When the black-and-white-checked cotton material of the student uniforms could no longer be obtained, a drip-dry fabric was substituted. Then the students began to launder and repair the modified bib-apron and one-piece dress with attached collar and cuffs, chores formerly taken care of by the Hospital and the "uniform mender" employed by the School. Later, the students also supplied their own bed linen, towels, and the curtains for their rooms. (Somewhere along the way, the belief had been lost that dictated uniform sash-curtains at standard lengths of far more practicality than beauty.) Other services discontinued were the provision of afternoon tea in the dormitories and taxis for field trips, and the transportation of baggage to and from affiliations. The use of meal tickets and identification cards in the dining room came to an end in September 1973, when a cash policy for meals was adopted. The students had been enjoying their own dining room for noon meals ever since 1960, when Miss Hatch suggested this welcome idea. Named the "Checkerboard" and gaily decorated, the room gave students the freedom to be students, and additional space was provided for those who had lunch in the west cafeteria.

Some changes occurred because of new policies of the MGH, and the new attitudes characteristic of the modern students, who reflected the interests of their age group. The students no longer favored Valentine's Day formal dances, "mixers," and the Glee Club. Generally, they preferred informal, more individual and exploratory pursuits of independence and freedom.

Among the other changes were those associated with graduation. After the curriculum revision of 1957, which made possible an autumn graduation, extended festivities took place during senior week. In 1962, for example, the activities began on September 5, when the graduating

class entertained the faculty, head nurses, and supervisors at a tea. The following Friday was spent at Crane's Beach in Ipswich, where students and faculty enjoyed a day of swimming, sunning, and a picnic. A semi-formal dance was held on September 12 at a suburban country club. Graduation, held at the John Hancock Hall on September 14, was followed by the Alumnae Association's traditional reception at MGH. The hours of clinical assignment of these student interns had been adjusted so that they could attend these events. In 1964 the students asked that their time schedule in senior week should be 7 to 3:30 daily so that the late afternoon and evening would be free for everyone. By 1968, the faculty had arranged for senior week to be free of all assignments.

Another kind of student activity stemmed from the admission of one class a year and the assignment of freshmen to the residence at 20 Charles Street. In the fall of 1960, some juniors recognized that the freshmen would benefit from more help in adjusting to dormitory life, the School, and living in Boston. Some twenty juniors volunteered to live at the Charles Street dormitory for the first three months. This association prevented the former isolation of the freshmen from the mainstream of the School, made possible the interpretation of its policies and aims, and provided welcome camaraderie. The custom also developed of having a workshop for several days in August, usually on Cape Cod. There the junior proctors, certain other student leaders, and a few faculty members worked out for the coming year the plans and areas of responsibility, and at the same time fostered sound student-faculty relationships. Each year, for more than a decade, some form of this plan was carried out.

During this same period, the SNCA continued its active role in the School and, through its representatives, participated in the state and national Student Nurses Associations. Two students attended the national convention in San Francisco and two others went to the meeting of the ICN held in Frankfurt, Germany. The students involved faculty and friends in the fund-raising efforts for both trips. Fees paid by each student provided the financial base for their regular activities. In 1961, the Director of the School approved an SNCA budget of over \$4,000.

Occasionally certain students were granted a leave of absence. During

the sixties, one student took part for two months in the Experiment in International Living. Another spent a week in Italy with an American Field Service group. The winner of the Mary M. Roberts Writer's Award attended a two-week workshop at the Breadloaf Writers Conference near Middlebury College in Vermont. A fourth student played in championship tennis matches.

Through the years, except for formal ceremonies, the School had not given the parents of its students an opportunity to visit and learn first-hand about the program. In the fall of 1962, the first Parents Day was held at the Hospital for the relatives of the junior class. Members of the Advisory Council, the faculty, and some juniors participated. The program varied from year to year; in the first one, junior students described the affiliations of the second year and the activities of the SNCA. At another time, some parents explained how they viewed their daughter's education and its apparent influence on her developing maturity. During luncheon, opportunities were made for members of the Advisory Council and the faculty to become acquainted with the parents and to answer their questions. In the afternoon the students guided their parents on a tour of the Hospital. There was general agreement about the value of these meetings, and they were continued for a number of years.

The Advisory Council continued its strong interest in the School's development. At the Council meetings, members of the faculty described what progress was being made in the introduction of new methods of teaching and sequences in the curriculum, and reported on recruitment and admissions. Students recounted their experiences in different phases of their program. Members of the MGH administrative staff and others concerned with some aspect of nursing education spoke at some meetings. The Council members devoted several meetings each year to relevant publications, such as the NLN's revised criteria for the evaluation of diploma schools of nursing and the latest directives from the Massachusetts Board of Registration concerning minimum requirements and curriculum standards. Their attention was directed to pending legislation concerning a federal loan plan for student nurses. They discussed the implications of *Toward Quality Nursing*, the report of the

Surgeon General's consultant group, and the ANA's *Position Paper*. Several members, who were associated with other community health agencies or schools of nursing, presented their views of these reports. Intimate knowledge of the plight of both the MGH and the School made it possible for some of the Council to improve communication between the Hospital Trustees and the Council. Mrs. Harris Fahnestock was chairman for the period 1959-1965. In September 1965, Miss Sigrid Edge became chairman. A member of the Council since 1951, she took an active part in establishing the program with Northeastern University. As a member of the faculty of the School of Library Science at Simmons College, she brought to the Council useful background from another field of professional education. Appointments to honorary membership in the Council continued to be made. The members at the end of the sixties were Mrs. Arthur W. Bell, Mrs. Henry Bigelow, Mrs. Robert Homans, Mrs. Paul Jones, Mrs. W. K. Jordan, and Mrs. Thomas Motley.

Always of grave concern in Nursing, the securing and holding of faculty became more difficult. The discrepancy between the numbers needed and those well prepared had increased. In the sixties at the MGHSN, the problem was compounded by several factors. Each fall since 1957, a class of about 130 students had been admitted. In September 1960, 143 freshmen entered, the largest peacetime class. The decision to increase the size of the class was related to the Hospital's program of expansion and the national shortage of nurses, which was becoming ever more acute. The significant adjustments made in the first-year curriculum fortunately had permitted better utilization of the teachers during the crucial beginning courses. During the second year, about 60 students were away on affiliations, where the instruction was still provided by the agencies. The number of affiliating students coming to the MGH had decreased markedly because the MGHSN needed the clinical facilities for the experience of its own students. The students from the New England Baptist Hospital school came only for experience in the Clinics, and in 1964 that school was able to provide the experience in other ways. In 1962 the McLean Hospital school adopted an increas-

ingly accepted practice among diploma schools, and sent instructors to the MGH to teach medical-surgical nursing to their 16 affiliating students. The MGHSN continued, however, to provide their instruction in operating-room nursing, ambulatory nursing, and nursing of children. In the MGH School's third year, the internship, the need for more than three instructors did not arise until some years later, when the program was structured differently.

The MGHSN faculty included some who were not associated with the diploma program. The introduction in 1946 of the Coordinated Program with Radcliffe College (Chapter 29) by 1956 had made necessary the appointment of four full-time instructors in addition to the chairman. Miss Perkins, though continuing as an assistant director of the School, used almost all of her time in administration and teaching in the Coordinated Program. Tentative plans were being made for another college-associated plan, with Northeastern University, which would require its own coordinator and teachers. The appointment of a larger number of well-prepared and experienced faculty was imperative, even before the MGHSN undertook later in the sixties to provide its own faculty for the teaching of maternity nursing and psychiatric nursing.

For a time following the loss of Miss Stewart, her many responsibilities were carried by Miss Sleeper and others of the faculty. During that period, the members of the Executive Faculty were Miss Sleeper, Miss Lepper, Miss Perkins, and the coordinators. This position, introduced earlier, facilitated the implementation of the curriculum by groups of teachers, and made possible the solution of some of the major concerns of key groups. Between 1958 and 1961, the coordinators were Natalie Petzold, coordinator of first-year instruction and instructor in fundamentals of nursing; Helen Sherwin, coordinator of instruction in science and instructor of social sciences; Cleora Horton, coordinator of second-year instruction and instructor in the intern program. Soon there were changes among this group. Mrs. Horton accepted a position elsewhere. Miss Petzold was given leave to continue her preparation for the administration of educational programs in nursing at the Boston University School of Nursing, from which she received her M.S. in 1961.

In the summer of 1961, Miss Petzold was appointed assistant di-

rector and chairman of the Diploma Program. During the twelve years that she had been a member of the faculty, it had become evident that she had high standards of Nursing, a sound understanding of its theoretical base, a sensitive recognition of the needs of students, and a keen interest in the future of nursing education. Miss Petzold drew on inner reserves of strength derived from her philosophy of life and her keen enjoyment of her family, friends, and outdoor activities, especially swimming and skiing. In her apartment on Beacon Hill, she found pleasure in entertaining friends. Miss Petzold had been chairman of the School's Curriculum Committee, and was closely involved in the development of equitable methods of evaluation of each student's progress.

In 1961, the faculty included a total of 44 administrators, instructors, and officers who had full-time responsibilities for the diploma program. None of the clinical nursing instructors was involved with Nursing Service supervision, as had formerly been the case. Sometimes as many as ten or more replacements had to be found in a year. The School did not provide tenure, but the Hospital was able to offer some inducements to remain, such as salary increases, scholarships for study, and a retirement plan. To offset the frequent changes, there were some teachers who remained for many years. Several who joined the faculty in the late fifties or early sixties and remained through the sixties or beyond were Audrey Brady, Ann Cahill (MGH 1945), Dorothy Mahoney (MGH 1952), Sarah Craig Robinson, and Frances Gibbons.

With so large a faculty, it had become the practice to designate as chairman the senior instructor in each group concerned with a particular segment of the curriculum. For example, Patricia Vinal, succeeding Miss Petzold, became chairman of those who taught basic nursing. For the combined course in medical-surgical nursing, Audrey Brady and Dorothy Taylor were the co-chairmen. All chairmen were responsible for the teaching and clinical supervision of their students and for the junior instructors or assistants assigned to them. Among other faculty positions there were a number of changes. Helen Kutroulis, the counselor, had succeeded Olive Reynolds. Mrs. Barbara Doherty (MGH 1955) had become the supervisor of the student health clinic when Josephine Hurley returned to the field of occupational health. Subse-

quently, Mrs. Evelyn Dolan succeeded Mrs. Doherty. The position of supervisor of residences had been held by Miss Viden from 1940 to 1957. Mrs. Catherine MacLeod, who succeeded Miss Viden, was in charge of Bartlett Hall and supervisor of residences until 1961, when Mrs. Myrtle Hibbard was appointed to these positions. In 1962 Diane Keenan was appointed as the new librarian. A graduate of the Simmons College School of Library Science, she was outstandingly helpful during the transition and expansion of the Palmer-Davis Library, when the new School building was acquired. After her resignation, Mrs. Carol Johnson was the librarian for a short time, and was succeeded by Mrs. Ralph Bennett. During her several years' absence, Joyce Mathis and Mark-Allen Taylor served in her place.

During the period 1960–1962, the MGH School of Nursing participated in a novel plan to exchange nursing teachers with the schools of nursing of the Royal Victoria Hospital, Belfast, Northern Ireland, and the Toronto Western Hospital in Toronto, Canada. This scheme had its genesis in the growing need for the expansion of hospital facilities in Northern Ireland, and the resulting need for adequate nursing services and the education of the nurses to staff them.

Miss Anne M. W. White, the Nursing Officer of the Northern Ireland Hospitals Authority, in 1958 visited Canada and the United States to study some systems of nursing education that were variants of the programs in the United Kingdom. The greater part of her time was spent in the School at the MGH and in the Atkinson School of the Toronto Western Hospital. She proposed that nursing education could be advanced by a three-way exchange of teachers among Belfast, Boston, and Toronto, an idea that met a favorable response from the director of nursing at each school and from Miss Virginia Arnold, assistant director for medical education and public health of the Rockefeller Foundation. In February 1959 a draft of the scheme was presented, along with an application for a grant to finance it. The Foundation approved the grant, and an advisory committee, of which Miss Sleeper became chairman, was given the responsibility of evaluating the results of the plan.

In this program, a teacher from each of the three schools, selected because of her interest in the project and her professional and personal qualifications, was exchanged with a host school, to share in the teaching program and other activities of the host school for a period of nine months. She then went on to the second host school, for two months, as an observer. In both situations, she was expected to learn as much as possible about the health services of the country, the work of the national nursing organizations, the systems of nursing service and education employed, and the reciprocal effects of the school's program and the hospital's nursing service. A month's vacation was allowed each year.

The participating hospitals and schools of nursing shared certain characteristics and presented some interesting differences. Each hospital had been long established in its community, had more than 850 beds for the care of acutely ill patients, and provided a teaching center for an important university's medical school. Each school of nursing had had a long association with the parent hospital and conducted a program that led to a diploma after three years. The Atkinson school and the MGH School were similar in other ways; both differed considerably from the Royal Victoria school, which followed the pattern of nursing education in the United Kingdom.

Each teacher was directed to keep a diary in which she recorded her experience and reactions, to serve as a basis for reports submitted at stated intervals and for final evaluation. The exchange required considerable ability to adjust, on the part of these young women; they must meet strangers, learn new methods quickly in order to teach in the host school, and learn the sometimes startling variations in names for familiar objects. A certain amount of cultural shock was sustained by each teacher, despite a warm welcome from those who were to become her associates.

During her first year (1960–1961), Irene Norton of the MGH faculty spent nine months at the Atkinson school in Toronto, followed by two months at the Royal Victoria school in Belfast. Phyllis Irvine, a Sister Tutor from the Royal Victoria, came to the MGH for the same nine months, and thereafter went to Toronto. Anne Sowa, of the Atkinson school, went to the Royal Victoria, and then came to the MGH. Miss

Norton, a graduate of the Massachusetts Memorial Hospital school, with B.S. and M.S. degrees in nursing education from Boston University, had been a member of the MGH faculty since 1957. She had had both teaching and administrative experience at the Peter Bent Brigham Hospital and the Faulkner Hospital schools of nursing. In 1961–1962, Constance Holleran (MGH 1956) (B.S., Teachers College, Columbia University) was the second member of the MGH faculty to participate. She had taught for two years in the MGH internship program, after a year in medical-surgical nursing. She went to Belfast for nine months and to Toronto for the other two months.

A report by the advisory committee, published in 1963, includes the evaluation of the written materials submitted by the exchange teachers and those responsible for their work, and some observations provided by students whom they taught. Reports, questionnaires, and the teachers' diaries were the materials evaluated by Miss Joan Woodward, senior lecturer in sociology at the Imperial College of Science, London, who was a member of the advisory committee. At the final conference, attended by Miss Sleeper, Miss Norton, and Miss Holleran, four topics were discussed: the teacher's usefulness in the exchange situation, the problems each teacher met in adjusting to the new environment, the differences among the three schools, and possible changes suggested by the experiences of the exchange.

Some of the interesting points dealt with differences in administrative practices, organization of nursing service, clinical instruction, and student status. In many characteristics, the MGHSN was found to be at one end of a scale, the Royal Victoria school at the opposite end, and the Atkinson school somewhere in between. Students at the MGH appeared to be relied on for nursing service less than in either of the other institutions. The MGH students paid more for their education than did students in the other schools, and they were regarded as students throughout all three years. At the MGH, the faculty taught both the theoretical and clinical aspects of one subject, such as medical nursing, and had full responsibility for it. Faculty-student relationships at MGH were the most informal; the desirability of so much permissiveness was questioned. Student counseling was used far more extensively at the MGH.

The involvement of faculty, individually and through committees, was most highly developed at the MGH, so that the conduct of the School and the assessment of the curriculum were not centered in a small group. The pace of the teaching at the MGH was slower than in the others. The Royal Victoria school admitted four classes a year and prepared them rapidly for nursing practice. The MGH had the highest ratio of teaching staff to students, but the disadvantage of having a number of young teachers without considerable practical experience was noted. The MGH placed rather more emphasis on the student's utilization of social science in approaching their patients. These differences generally reflected the attitudes and practices common to the system of education in each country, more than the views of a particular faculty.

The benefits derived from the exchange stemmed far less from the findings and the recommendations than from the daily observation and evaluation of a school's program for an extended period, by an experienced teacher who was viewing it safely from outside. As one of the exchange teachers commented, there were many advantages in being a "bird of passage." The greatest benefits accrued to the exchange teachers themselves, but the associations between them and the staff of the host school developed strong personal bonds and an appreciation of the ways others dealt with similar responsibilities.

The establishment of a new college-related program for the School was announced to the assembled alumnae in 1961 during the MGH 150th Anniversary celebration. After several years of search, a suitable arrangement had been agreed on with Northeastern University and was endorsed by the MGH Trustees. This program was a cooperative venture in which Northeastern took an active part, and the administration was shared by both institutions.

The wish to enrich the three-year program by introducing some general education had been unrealized for decades because some of those involved viewed the contemplated additions as extraneous or too much of a burden to the students, whose schedule was already taxing. However, a significant number of applicants to the School now decided in favor of a college program instead of the hospital-centered one so that

they could share the social and recreational life of students who had diverse interests. These applicants sought more than vocational education and wished to attain a degree. Many students, soon after their graduation from MGH, had begun study leading to a degree. Since the internship had been introduced, some seniors took courses, such as English, history, and psychology, at the nearby colleges. Thus it seemed probable that some able students would be interested in selecting a program at the MGH that included education at the college level in addition to nursing.

The possibility of cooperation with Northeastern University was considered because it customarily allowed students to alternate periods of learning with periods of earning as they progressed in their chosen vocational field and completed the requirements for a degree, either associate or baccalaureate. Such flexibility was essential to the realization of any program for the MGH School.

During discussions with the Advisory Council to the School, Miss Sleeper found some enthusiastic support for the plan. Mrs. Van Courtlandt Elliot, of Radcliffe College, saw great possibilities for a nursing program in an institution that provided vocational education at the undergraduate level. Mrs. Elliot and Miss Sigrid Edge became the two representatives from the Council to be appointed to a subcommittee that participated in the planning. Other members were Dr. Clark and, following his resignation, Dr. Neumann, Miss Sleeper, and Dean Wilfred Lake of Northeastern.

The program, to commence in September 1962, provided this alternative to no more than 30 students, the number that comprised one section of an MGH entering class. The decision to enter the "Alternate Program" was made by the applicant and her family after she had been accepted by the MGH School of Nursing. The University admitted those who met its admission standards, and the students matriculated at Northeastern as members of the freshman class in the College of Liberal Arts. Some chose to live in the women's dormitory, and others whose homes were near enough commuted.

In this program, the freshman year consisted of 35 weeks divided into four terms, three of 10 weeks and one of 5 weeks. English composition,

anatomy and physiology, and general chemistry continued through the first three terms. The first term included a review course in mathematics, the second term offered anthropology, and the third term sociology. The fourth, short, term offered an introduction to English literature and biochemistry. Throughout the 35 weeks, the students attended an introductory course in nursing at the MGH. After a vacation, they continued during the summer session with courses in fundamentals of nursing and microbiology. During the second and third years, the students lived at the MGH while they completed all of the nursing courses required to be eligible for registration. In these last two years, divided into four terms, the students took one evening course each term at Northeastern, two terms of psychology followed by two terms of elected courses in general education. By the end of the three years, the student was qualified for the degree of associate in science. If a graduate of the alternate program wished to continue, she could receive advanced standing in the University's College of Liberal Arts and through the University's Cooperative Plan acquire the additional semester hours needed for a bachelor's degree. Credits earned in the first three years could also be presented for advanced standing in other colleges or universities if the student moved away from the Boston area.

The costs of such a plan necessarily exceeded those of the standard MGH program. For her freshman year in the standard program, the student paid somewhat more than \$800, a sum that covered tuition, uniforms, books, and board and room. For the same items, the freshman in the alternate program, living in a university dormitory, paid some \$2,000, in addition to \$400 for the summer term at MGH.

The need for scholarships was obvious, to avoid excluding highly qualified young women who were unable to pay the costs of nursing study under this plan. The MGH and the University jointly raised \$30,000 for such scholarships, which made available amounts up to \$1,000, according to ability and need. The School maintained a separate scholarship fund for the students who enrolled in the alternate program.

When Irene Norton returned from participating in the Teacher Exchange Plan, she was appointed coordinator for the alternate program, and spent most of her time in planning with the MGHSN and Univer-

sity faculties so that all arrangements would be completed in time for the first class entering in September 1962. In effect, a new curriculum was being developed that required its own faculty; new courses were devised in terms of its specific objectives and the background of the students; and the efficient use of overtaxed classrooms and clinical facilities had to be determined. Before entering the Teacher Exchange program, Miss Norton had participated in the teaching of first-year nursing at the MGH. The time spent in Toronto and Belfast had given her fresh perspectives in devising courses that would utilize the best aspects of several programs. Except for certain inevitable limitations of time and space, Miss Norton and the teachers associated with her were free to experiment and to establish their own ways of teaching. During the freshman year of the first class, she spent two full days each week at Northeastern University, where she was available for consultation with faculty, and shared the counseling of students with the dean of women. At the MGH she taught the introductory course in nursing, for which the students received credit just as they did for science courses.

In the fall of 1962, 23 students in the alternate plan were admitted; 18 completed the first year satisfactorily and commenced the clinical period. They had not lost interest in Nursing while at the University; in fact, they felt at home in both places. Specific efforts to include them at the MGH were carried on by the faculty, by the first-year students, and by the Student Nurses Cooperative Association.

In September 1963, 29 new freshmen began at Northeastern. The first class maintained its ties with the University through social affairs and the evening course in psychology.

At Northeastern, some drawbacks of the arrangement with MGH were becoming apparent, one being that accreditation by the NLN was impossible because of the administrative arrangements. The University was liable to criticism from accrediting agencies for conducting a program that did not meet established criteria. Graduates of such a program would find themselves handicapped when they sought employment or advanced education. Officers at Northeastern became convinced that they should establish their own College of Nursing, which could offer both associate and baccalaureate programs. They decided to withdraw

from the MGH experiment and to institute their own associate degree program, beginning in 1964. The MGHSN, therefore, was unable to admit classes to the alternate program after September 1963. The last students in the program graduated in 1966. This change in plans was greatly regretted at the MGH. The project had been successful, and had appeared to be growing.

The last NLN accreditation survey of the MGH School had been made in 1954. In the usual six-year interval before the next, the School had gone through a difficult period, implementing the new curriculum in spite of the double teaching load, the many changes in faculty, and pressures from the Hospital. The School had submitted the customary interim reports to the Board of Review for diploma schools, which was composed of five nurse educators from similar schools and one member of a state board of registration in Nursing.

The new survey took place in a week in April 1960. The NLN visitor attended classes, noted the teaching facilities, and reviewed the rotation plan for student experience, course outlines, minutes, and School records. She also talked with key persons in the Hospital, the School, and the Nursing Service, as well as members of the faculty and of the student body. She then prepared a full report, which was read and discussed with the faculty on the last day of her visit. After the report was typed in the NLN offices, a copy was returned to the School's Director for correction of any errors or misconceptions. The final report was then submitted to the Board of Review.

The 1960 accreditation survey showed that, although the School had some significant attainments to its credit, some needs were still unmet. One of the most outstanding was the lack of better educational facilities. Others were the temporary lack of an assistant director responsible for the educational program, and the inexperience of some recently graduated clinical instructors. The curriculum needed further adjustments. For example, the hours of instruction were not evenly distributed through the three years. Of the total class hours, 58.5 per cent were concentrated in the first year; 30.7 percent were included in the second, and 10.8 per cent in the third year. Another widely accepted principle

was not followed: in the internship, the faculty were not responsible for the implementation of the total educational program, the selection of the student's learning experiences, or the evaluation of their progress. The ratio of instructors to students was very low. While the school had made vast improvements in guarding the student from premature and excessive evening and night assignments, it did not provide educational supervision of these experiences, which were now placed mainly in the third year. The 1960 report questioned the philosophy underlying the third-year internship, because most nurse educators had come to believe that the function of a school was to prepare its students to become nurses, rather than to function as nurses on the day following graduation. The School's definition of an internship differed from that used by the NLN, which accepted the version used in professional education. The report also pointed to the need to organize the instruction and learning experiences to focus on the whole patient rather than exclusively on his disease and to show more clearly the relationships among the classroom instruction, the planned clinical instruction, and the laboratory experience.

In the interval between the visit and notification from the Board of Review of the School's accreditation status, the faculty began planning the next steps towards improving the School. They knew that planning for the future would be far easier if the promised new School building materialized.

The School's need for a building had often been considered by the Trustees, but suggested plans had been repeatedly deferred because of lack of space and money. In 1960, they learned that the city of Boston and its School Committee were considering the sale of the Winchell Elementary School, located near the Hospital at the corner of Blossom and Parkman streets. The dispersal of West End families, caused by the Boston Redevelopment Plan, had ended the city's need for the school.

Two years elapsed between the MGH bid for the property and the sale. In this period the faculty learned that the sale was possible, probable, delayed, postponed, stalled—and finally, a reality. The purchase

was announced in the very week in 1963 that the NLN re-survey for accreditation was being made. Another year passed before the building was ready for occupation, because of the need for extensive repairs and reconstruction. At last in May 1965, the first adequate facilities that the School had possessed in its ninety-two years made possible the move away from many widely separated buildings. After this time, the remodeled school and the nearby Walcott House provided the space needed for all who were associated with the diploma program. (In 1966, when Miss Sleeper retired, the Trustees rechristened the structure “Ruth Sleeper Hall”—the first time in the Hospital’s history that it named a building in honor of a nurse.)

The School building consisted of three large floors and a spacious area at ground level. The Palmer-Davis Library occupied most of the first floor. In addition to the area at the entrance used for the main desk, there were four capacious reading rooms. The periodical room was nearly as large as the previous library. The historical collection was placed in another room, soon to be named in memory of Edith Dwight Gibson. In all the rooms, ample shelf space made possible the addition of fiction and books of general interest as well as further acquisitions to the professional collection. The good natural and overhead lighting combined with the blond wood of the shelves and the individual study tables provided an inviting setting in which to read or study. (When Miss Petzold became the Director of the School, she occupied the suite of offices on the first floor, adjacent to the faculty’s lounge. This attractively redecorated area became the administrative center for the School.) Across the hall from the library there were a pleasingly furnished, comfortable lounge and a reading room for the faculty. The other floors contained the two science laboratories, three nursing practice rooms, five large classrooms, three conference rooms, a lounge for students, and offices for instructors and secretaries.

Everyone who visited the building agreed that it provided quarters that were both functionally and artistically pleasing. Homecoming alumnae found it hard to believe that the long-sought building had at last been acquired. They rejoiced for the students as they thought wistfully of their days in the OPD amphitheaters and the Thayer classroom.

During the first half of the sixties, Nursing experienced intensifying pressures both from within and without, which made more urgent the resolution of long-standing dilemmas. In the last fifty years, the increase in the number of health workers in the nation was insufficient to keep up with the demands for personnel for the expanding health services. The report of the Surgeon General's Consultant Group on Nursing, *Toward Quality in Nursing, Needs and Goals* (1963), called attention to the nature as well as the extent of the shortage of nursing care in the United States: too few nurses, inadequate preparation, and the failure to attract college women because of the low socio-economic status of nurses. The report urged the expansion of educational facilities suitable to prepare nurses for leadership positions, an expansion that was impossible until more faculty became available. More teachers were also needed in the hospital-conducted schools if, by 1970, 40,000 nurses were to be graduated from them annually. In 1962 the diploma schools graduated 88.7 per cent of the professional nurses; the baccalaureate programs graduated 9.8 per cent and the associate degree programs 1.5 per cent.² Any proposal to eliminate the diploma schools presented insurmountable obstacles to increasing the numbers of health personnel. Continuing efforts to strengthen good diploma schools and to eliminate inadequate ones remained essential. The hospitals had no options; their patients had to be nursed by the best available personnel that could be provided. The future of diploma programs continued to be in question, however, and this uncertainty added to the daily pressures of trying to improve the program, and threatened the morale of the School's faculty.

Despite the improved curriculum and the increasing attractions of the MGH School, the competition for students continued, and efforts to attract them required intensified action. The diversity of possible programs—baccalaureate or associate degree, diploma, and practical nursing—and adverse publicity about the desirability of hospital-conducted schools had increased the uncertainty among secondary school students and their guidance counselors. At MGH, the work associated with acquiring a class of approximately 130 students was still carried by the Committee on Recruitment and Admissions, faculty who had other full-time responsibilities. In 1964 the addition of a second counselor, to spend the major part of her time on admission interviews

and procedures, helped to free the senior faculty of these time-consuming activities. In the mid-sixties, the two counselors were Shirley Gann and Lillian M. Kiely.

To attract qualified applicants, the School began to hold "Career Days," which were attended by four or five hundred young people. In 1966, a recruitment program, suggested by the School's Advisory Council, was commenced by the Nursing Council of the United Community Services, and for several years helped increase the number of applicants to Massachusetts schools. In keeping with the times, the MGHSN began active recruitment among socially or educationally disadvantaged young people. When the McLean Hospital school, which had prepared many men for Nursing, closed its program, the MGHSN faculty voted to accept men, and the first were admitted in the class of 1967. The number admitted each year remained fewer than ten during the first years.

The most scrupulous attention to credentials and the findings of the NLN Pre-nursing and Guidance Test did not provide the Committee on Admissions with all the information that they felt they needed about an applicant; the MGHSN therefore began also to use selected tests of the College Entrance Examination Board. The School continued to accept students whose academic standing was very high and whose test scores suggested ability. The correlation between success in a school of nursing and sound academic ability remained to be determined. The number of students admitted with one or more years of college began to increase markedly in the mid-sixties. Changes in the attitudes of students concerning a college education and some shifts in attitudes about diploma-school education were factors that helped the MGHSN maintain the number and the quality of its students.

Between 1961 and 1969, a number of changes were made in the School's curriculum. A tool, useful for this purpose, was provided in 1962, when the Department of Diploma and Associate Degree Programs of the NLN published *Criteria for the Evaluation of Educational Programs in Nursing Leading to a Diploma*. The faculty reorganized the course in medical-surgical nursing so that the units of instruction focused on

selected needs of patients, and a greater emphasis was placed on a problem-solving approach. Added attention was given to increasing the complexity of the problems gradually. The relationships between classroom and clinical instruction and clinical experience had become soundly established. A growing asset to the School was its excellent audio-visual equipment, which was used to advantage in this and other courses. Many features of the curriculum, introduced earlier, were extended and refined. All of the faculty involved in teaching the first-year courses had cooperated in the revision of this major course.

The plan for the second year remained essentially the same for some years, with 26 weeks of affiliation, but now an MGH instructor went to each agency to teach a concurrent course. Other faculty visited the students to reduce their expressed feeling of isolation. When the Boston Lying-In Hospital reduced the experience from 13 to 12 weeks, the MGHSN had to make complicated adjustments in its rotation plan. Some benefits resulted, for the repetition of one course thirteen times a year was eliminated and an introductory period was gained for the internship.

This introduction bridged the strictly educational period and the internship, and made possible the addition of some course content. The ratio of instructors to students had been increased considerably, but the head nurses continued to be responsible for the time and assignments of the students. The seniors enjoyed the change of pace, the new experiences, and the added responsibility. When graduates who had this experience were questioned in the annual follow-up studies instituted in the sixties, they emphasized the great value of the internship. However, both the soundness of the plan in an undergraduate curriculum and the use of the term "internship" in this connection continued to be questioned. By 1966 further adjustments had been made in the third year, now called the senior program. Because of the great increase in the costs of the School, after 1968, a stipend was no longer paid to the seniors. Ultimately, the program of the third year was revised further.

Some other changes in the School made in this decade provide sharp contrast with the forties, to say nothing of the twenties. When the hours of a clinical course were reported, the hours of clinical laboratory,

rather than the weeks of experience, were specified. Nursing II (medical-surgical nursing) consisted of 188 hours of theory and 615 hours of clinical laboratory. In the fifties, if 24 weeks had been allotted to this course and the clinical experience hours had been based on a 36-hour week, 864 hours might have been reported. Changes and more liberal policies had been adopted by the Massachusetts Board of Registration in Nursing so that rigid recording of all 1,095 days was no longer required. (In 1961, the Approving Authority had ceased to exist.) More liberal policies had been set up by the School in relation to making up lost time. When a student was absent on a class day, she was responsible for the content she had missed but did not have to make up the day. Vacations were greatly extended beyond the standard three weeks a year. By the time the 1966–1968 School catalogue was published, the freshmen had 2 weeks at Christmastime and 3 weeks in June or July. The juniors had 6 consecutive weeks scheduled from mid-October through July, depending on their rotation plan. Seniors also had 6 consecutive weeks of vacation.

In 1965 the School had to make changes in its program, because of rising costs. The two hospitals that provided affiliations for the MGHSN also had to make adjustments. In 1965, the BLI increased each student's tuition from \$75 to \$125, and a year later began to charge \$240 for maintenance in each three-month term. Since the MGHSN did not believe it wise to increase again the charges to the second-year students, it decided to terminate the arrangement with BLI, after an association of sixty-five years, and in its place establish a plan with the Boston City Hospital. The students lived at the MGH, and commuted to BCH. The School added four instructors, who taught maternity nursing at the MGH and provided the clinical instruction at BCH. Since Miss Harde-
man had become coordinator of both the second- and third-year programs, she had much of the responsibility for developing and implementing the new plan. Mary Jane Nasser (MGH 1960), B.S., M.S., became chairman and instructor of maternity nursing. This change from an affiliation to the provision of its own instruction paved the way some years later for the development of a course in maternal-child nursing. After the reorganization occurred that resulted in the New England

Hospital for Women, Boston Lying-In Division, the MGHSN utilized both BCH and BLI for maternity nursing experience.

In 1968 the McLean Hospital, the first in the United States to establish a school of nursing in a psychiatric hospital, terminated its program. This closing marked the end of a long period in which the advisability of conducting undergraduate programs by special hospitals had been questioned. The number of students in the school had diminished, and the costs had risen. The period that the students had to spend away from the home hospital had increased as the recommendations and requirements of the NLN and Board of Registration made necessary the same preparation that the general hospital schools afforded. With the help of its alumni and the agencies with which it was associated, the faculty of the McLean school, aided by its Advisory Council and the Hospital Trustees and administration, ended a chapter of Nursing in a psychiatric hospital.

In consequence, the MGHSN appointed its own instructors of psychiatric nursing. Miss Sherwin included this group among those for whom she was coordinator, since this area of instruction had a close relationship with the others for which she was also responsible. The students commuted to the McLean Hospital, which continued to provide clinical experience.

Before 1970, the MGHSN had discontinued the decades-long practice of having the faculty of an outside institution responsible for the instruction of MGH students. Despite the significant contribution made by members of these nursing departments, certain disadvantages implicit in the system could not be overcome. By the end of the sixties, the entire curriculum came under the direction of the MGHSN faculty.

Miss Sleeper retired in September, 1966. The winds of change accelerated and blew unrelentingly during the thirty-three consecutive years of her association with the MGH. No one realized better than she that the fortunes of the Hospital and the competent delivery of superior nursing were essential to the development of the School.

The MGH Trustees recognized in her one of the best and most helpful pilots in the institution. The Hospital's administrative officers re-

spected her as a sound and sensible co-worker, who kept in mind the central functions of the Hospital and appreciated the obligations of the Nursing Department. Miss Sleeper's prestige in Nursing was a major factor in their acceptance of some unpalatable changes. She was a strong advocate of providing a sustained supply of nurses for hospitals, through their schools of nursing, a view she had the courage to defend against some opposition in national nursing circles. Her stand helped to ensure the continuing skilled care of patients in other hospitals as well as the MGH. The hopes that she had for the School, when she took over its direction in 1946, had been considerably modified or changed. She regretted deeply that the college-based plans of the School had not developed further. The considerable advances made in the School's central program were due, in large part, to the initiatives taken by Miss Sleeper and to her astute balancing of the best interests of the Hospital, the Nursing Service, and the School.

During her many years at the MGH, Miss Sleeper had not only led the School through a difficult time of transition, she had also become a force in the steady progress of Nursing on the national scene. As president of the NLNE and then of the NLN, she was notable for her generosity of spirit, the judicial quality of her mind, and her devotion to the highest ideals of Nursing.³ Many honors came to her. She received the honorary degree of Doctor of the Humanities from Boston University (1953) and was elected an honorary member of the American Hospital Association (1955). In 1959 she was awarded the Florence Nightingale Medal by the International Committee of the Red Cross. She received honorary Doctor of Science degrees from Hood College (1954), Wheaton College (1960), and Albany Medical College (1964). In 1961 she was invited to address the College of Nursing in Melbourne, Australia, which made her an Honorary Fellow of the College.

In choosing a successor for Miss Sleeper, the MGH made a fundamental change in the pattern of the past. They had become convinced that, in the future, no one person should be asked to administer both the Nursing Service and the School. Each demanded the full time and attention of a single director, because essential differences had developed in the philosophy, purposes, relationships, and required skills in each position.

The MGH therefore separated the administration of School and Service. Miss Edna Lepper was made Director of Nursing Service, an appointment that ensured the continuation of the innovative programs already started. Miss Lepper's knowledge of the School and the long-established working relationships with the faculty smoothed the way for a change in leadership in the School.

Miss Natalie Petzold was made Director of the School of Nursing, an appointment welcomed by the people in the Hospital, and particularly by her associates in the School and by the students. Her equanimity and quiet humor, her insight and sensitivity had long been valued. Her ability to provide leadership had been demonstrated in Nursing organizations as well as at the MGH. During her twelve years on the faculty, she had taken an active part in the various aspects of the program. When Miss Sleeper's duties at the MGH ended in September 1966, Miss Petzold became the first Director of the School of Nursing in a new era when the School and Service each had its own Director.

When Miss Sleeper retired, the MGH had been responsible for the School of Nursing for seventy years. During those decades, the School had shifted its focus from preparing students for Nursing largely as a by-product of serving the Hospital, to providing them with sound education in which clinical experience was an essential part. An attempt has been made in this *Review* to indicate the forces that buffeted the School, and to show the role of the individuals who kept it on the best course that they could devise.

VII. EPILOGUE

== 1966-1973 ==



Natalie L. Petzold
1966-
Director of the
School of Nursing

1966–1973

THE account of the development of the MGH School of Nursing, presented in this *Centennial Review*, breaks off in 1966, a date arbitrarily chosen because it marked the end of the author's close association with the School, as well as the beginning of a new period under a new Director. Unlike the detailed *Review*, the Epilogue gives only a general statement of the School's progress in the seven years that elapsed before the Centennial Celebration of 1973. (Inevitably, when the subject demands it, this closing statement occasionally strays over the set boundary, into the period beyond 1973.) Since 1966, as in its earlier history, the School has continued steadily towards its goal: evolving a system of education that will produce nurses who are able to make essential contributions to the health of the individual and the community.

The Director of the School still derives her authority from the Hospital's Board of Trustees, and is a member of the Trustees Committee to the School and Nursing Service. The members of this committee include the Director of the MGH, the Director of the Department of Nursing, the chairman of the School's Advisory Council, and two other members of the Council. The Advisory Council, whose members represent essentially the same interests as in recent years, carries out its traditional functions, and perhaps plays an even more important role than in earlier days. In 1970, for the first time, an alumna of the School was appointed chairman of the Council.

After the separation of the School and the Department of Nursing, in 1966, the School no longer had an assistant director. The responsibilities of the coordinators have therefore increased and changed somewhat, to adapt to changed circumstances—a growing staff, and the School's new responsibility for some courses formerly taught by affiliating agencies. Other coordinators were added, such as those for program development and educational resources, and for student personnel services.

The curriculum reflects today's broadened view of the kind of education desirable for the professional nurse. It continues to respond to changes in the rapidly evolving methods of delivering health care to the community, in the hospitals and other agencies where the student gains her experience, and in the advancing techniques of caring for patients. The School has maintained its accreditation by the National League for Nursing.

In all schools of nursing in the Boston area, obtaining clinical experience of the right kind for students has become an increasingly difficult problem, and the schools compete for the use of the appropriate facilities. Since the separation of the School and the Nursing Department at the MGH, the needs of the two are still in some ways in conflict, even though each is essential to the other. Graduate nurses and other personnel comprise the staff provided by the Nursing Department. The value of the students to the Nursing Department is limited by the amount and kind of experience they need and by class schedules, holidays, and vacations. To obtain the necessary experience for the students, the Director of the School must make a formal request to the MGH Nursing Department, just as she does to the directors in other hospitals in which students gain experience. Places for MGH students at the Hospital are allotted as they are for students from other schools. Scheduling of these periods, for the maximum instruction of the student and the minimum interference with nursing services, remains a complex problem that requires the good will and cooperation of both.

Representatives of the School and of the various hospitals utilized hold yearly conferences, at which plans are made and the MGH School contracts for the desired experiences. In addition to the MGH, the institutions used by the School at present include the McLean Hospital, the Boston Hospital for Women (Lying-In Division), the Massachusetts Eye and Ear Infirmary, the Shriners' Burns Institute, and the Massachusetts Rehabilitation Hospital. Certain experiences or observations are also scheduled with other institutions.

Committees concerned with the library collection and the use of audiovisual materials continue to utilize the suggestions of faculty and students and also seek the advice of specialists in the field so that materials

such as timely books, films, and tapes are available in a collection of growing value.

Advances in all clinical fields have of course produced changes in the content of the curriculum, as well as in the emphasis given some subjects and in the order of their presentation. In 1973, for example, the first-year student spent nearly half her time in gaining a basic knowledge of the physical and biological sciences, of mathematics as it relates to chemistry and pharmacology, and in the study of group dynamics and the role of the nurse in society. The rest of her time—somewhat more than half—was devoted to the principles and clinical practice of nursing, against this background. The second-year student concentrated on clinical experience in mental health nursing and on the study of social and emotional factors relevant to the health of the family unit, and on the nursing care of ambulatory patients and of those undergoing surgery. In her third year, the student continued her study of human relations and group dynamics, but gave the major part of her time to clinical experience, particularly in the areas of medical, surgical, orthopedic, and neurological nursing, and gained some experience in team leadership and group dynamics.

With these progressive changes in the curriculum, a faculty with correspondingly specialized backgrounds has become more than ever essential. Competition for such persons is strong. Nevertheless, the School at the time of the Centennial had a faculty numbering some sixty-five persons, of whom thirty had received an M.S. or an M.A. degree. School policy prescribed that the others be taking at least one course a year towards acquiring the master's degree in their field of specialization. In addition to the faculty, there is a supporting staff of about fifteen.

Members of the faculty continue to carry a heavy load of other responsibility besides teaching, serving on various School committees. Many also take part in the affairs of the NLN and serve on various state and national committees dealing with problems in Nursing. The Hospital encourages their further advanced education through a tuition aid

plan. They also take advantage of outside workshops, and attend various seminars.

Some 130 students enter the School each fall. The most striking characteristic of today's classes is their heterogeneity. The great diversity of the students' background and experience, together with changes in society and in the life-style of persons of their age group, accounts for some of the most noticeable differences. Today's students display a freedom in behavior, in dress, and in response to authority that were unknown to the classes of twenty years ago. School policies, considerably less rigid in the early sixties, have been relaxed further. More students live off campus now, and liberal visiting privileges exist for both men and women who live in the School dormitories. The basic goals of the School have not been altered, but more allowance is now made for individuality and the student's own judgment. More of them are married, and some have children. On the whole, the students have better academic preparation than in the past, and a larger percentage have attended college or have received a degree.

The School has maintained an aggressive recruitment program. Its efforts to attract good students have included work with guidance counselors in local high schools; holding Open House at the MGH for visiting high school pupils, occasions that were announced through the newspapers and on radio programs; and sending representatives to meetings such as the Health Careers Fair and the Veterans' Administration Job Mart. Some of the School's students also helped organize Future Nurses clubs in South Boston and Roxbury. A special effort has been made to attract applicants from minority groups—blacks, men, and Spanish-speaking students—but with less success than had been hoped. Admission requirements have been made more flexible, to allow for the student with limited official qualifications who is obviously able and seems likely to make a good nurse and to be an asset to the School.

During her three years, the student is given vacations amounting to 24 weeks. The School has also made available a number of services not strictly related to instruction. The counseling staff has been expanded; in addition to an admissions officer, it includes two full-time professional counselors, available to the students and to new graduates. A

consulting psychiatrist continues to provide help when necessary. A variety of personal problems beset today's students. Some are commuters who must travel to and from home each day and hence do not easily identify with the School or with their class. Special groups present other problems; men, for example, in a largely female class, have problems in learning to "belong." For these, the counselors are invaluable.

The soaring cost of a nursing education remains a major problem. In 1961, each student was given her room and board, and she paid approximately \$640 in tuition and fees for the three-year program. In 1973, the student paid all of the costs, nearly \$4,500, an amount beyond the resources of many. The factors that account for this staggering rise include higher standards of instruction, which demand a larger and better-qualified faculty; a reduction in the number of hours spent by the student in nursing experience, an amount adjusted to her learning needs rather than to the Hospital's need for service; and the use of sophisticated cost-accounting methods, which have yielded a better knowledge of the actual costs to the School of providing a nursing education.

Since many students need financial help to complete their nursing education, the School now has a financial aid officer to help them find the necessary funds, and to manage the increasing complexities of public, private, and institutional financial assistance programs. Federal scholarships, under the Health Manpower Act of 1968, have been added to the 1964 federal loans. Work-study programs and educational opportunity grants became available in 1972. Other sources include subsidies from the Hospital, the School's eleven scholarship funds, other scholarships provided by the Alumnae Association, bank or School loans, and grants to the School from the Department of Health, Education, and Welfare. At present, nearly half the students apply for and receive financial aid at some time during their years in the School. A large number also earn money by part-time employment, some in the Hospital or the School, in order to meet their expenses.

Some changes have occurred in the School's physical plant. The older Blossom Street residence and the Parkman Street houses have been demolished. Major renovations have taken place in Walcott House, which is now used chiefly for purposes other than student housing. The third

floor is used for nursing students and the student health clinic, but the fourth and fifth floors have been converted to "on call" rooms for the House Officers and Residents. The other floors provide recreation, reception and conference rooms, and offices for the faculty and staff.

For some years the possibility of closing the School has more than once been a matter of discussion by both the Hospital and the School. Both recognize that continuing the education of nurses is a national necessity, but they recognize also that the diploma school is not designed to offer instruction in all the fields whose study is desirable for members of the profession today. To function at her highest level and to make the maximum contribution to the needs of the community, the nurse must have the broad education provided by a college or university. A college or university, on the other hand, does not have the close association with a hospital that is essential to the nurse's preparation. The relation between school and hospital must be symbiotic; each is necessary to the other. As pointed out in the *Review*, the School has made several attempts to resolve this conflict by establishing cooperative plans with local colleges. None of the experiments was wholly satisfactory.

The School and the Hospital are now envisioning a new plan intended to meet the problem. For some time negotiations have been under way for the Hospital to secure legal authority to grant degrees. If authorization is secured, many changes will later take place in the Hospital's educational programs, including nursing. The several degree-granting divisions would offer instruction in such fields as language therapy, speech pathology, radiologic technology, respiratory therapy, social work, dietetics, and nursing.

The nursing program, for which accreditation would be sought, would of course require approval by the Massachusetts Board of Registration in Nursing, and would grant the M.S. degree. The plan would require the entering student to have a B.S. or an A.B. in some field other than Nursing. The first two years would offer the basic elements of nursing. The third year would be devoted to clinical specialization, in which the student would carry out a research project to form the subject of a master's thesis. The proposal for this new educational venture has

now received the support of the MGH Committee on Teaching and Education, the General Executive Committee and the Hospital Trustees, and ultimately will need to be submitted in a formal petition to the Board of Higher Education for its approval.

While this plan is still under negotiation, the School continues to function, and a new class enters each September. Whatever form the School may take in the future—an ongoing diploma school or one leading to a degree—its goal will remain essentially unchanged: to prepare its graduates to make the best possible contribution to the health needs of the community.

The one-hundredth anniversary of the MGH School of Nursing was celebrated during the last three days of September 1973, by more than a thousand alumnae, faculty, and guests. All but the clinical sessions were held at the Sheraton-Boston Hotel.

The program was designed to combine a festive observance with the consideration of some aspects of Nursing's past, present, and future. The keynote address, presented by Janet Wilson James, a social historian, compared the evolution of the Nursing profession with that of other professions in which women traditionally formed the majority, and pointed out parallels in their histories, as well as striking differences. Guest speakers from England and Canada provided insights from their own experiences, and discussed some of the social forces that had affected and still influenced the development of Nursing. Among those mentioned were economic and political changes, scientific and technological developments, the changing position of women in society, and differences in the social attitudes and the goals of the pioneers who founded Nursing in the several countries. A recurrent theme was that, today, nurses in England, Canada, and the United States experience in common the stresses produced by efforts to provide high-quality health care to all citizens. Certain unresolved problems were indicated, especially those stemming from the differing points of view in Medicine and in Nursing, and from the uneasy alliance between the two. An alumna of the School discussed ways in which federal legislation affects nursing care in the United States. Other speakers discussed the nurse herself, her

emerging role as a practitioner in various frames of reference, and her responsibility for continuing her education throughout her professional life. Thus each speaker identified some of the waves that are sweeping Nursing towards an only dimly perceived shore.

Miss Natalie Petzold discussed the MGH School; she described the faculty and the staff, their functions, and the services afforded the students, and pointed out astonishing and desirable changes that mark sharp contrasts with the past. She also presented tentative plans for the School's future, which were later elaborated on by the chairman of the Board of Trustees. These novel and provocative concepts encouraged the hopes of the alumnae for a significant future for their School.

Social gatherings enlivened the days and evenings; they ranged from chance encounters of old friends, small group meetings, and class reunions, to the reception held on Friday and the Saturday evening banquet, which for many was the culminating experience, even though the program continued through Sunday. At the banquet, Dr. Charles Sanders, General Director of the Hospital, gave an account of some developments in the Hospital's functions. In addition, Margaret Harrington Anderson, president of the Alumnae Association, presented to the School a portrait of Miss Ruth Sleeper. In the second highlight of the evening, awards were made to ten alumnae who had graduated between the years 1926 and 1964. Each citation was presented in recognition of the alumna's contribution and that of other alumnae in the same field of Nursing. See Appendix C.

Sunday morning provided the first planned opportunity to visit the MGH where, both before and after a continental breakfast in the east dining room, guided tours were conducted. Four clinical sessions were held; because of the large size of the audience, they took place in the Charles Cinema's auditorium, located in the nearby shopping plaza. At each session a medical specialist discussed a topic that had been requested by the alumnae.

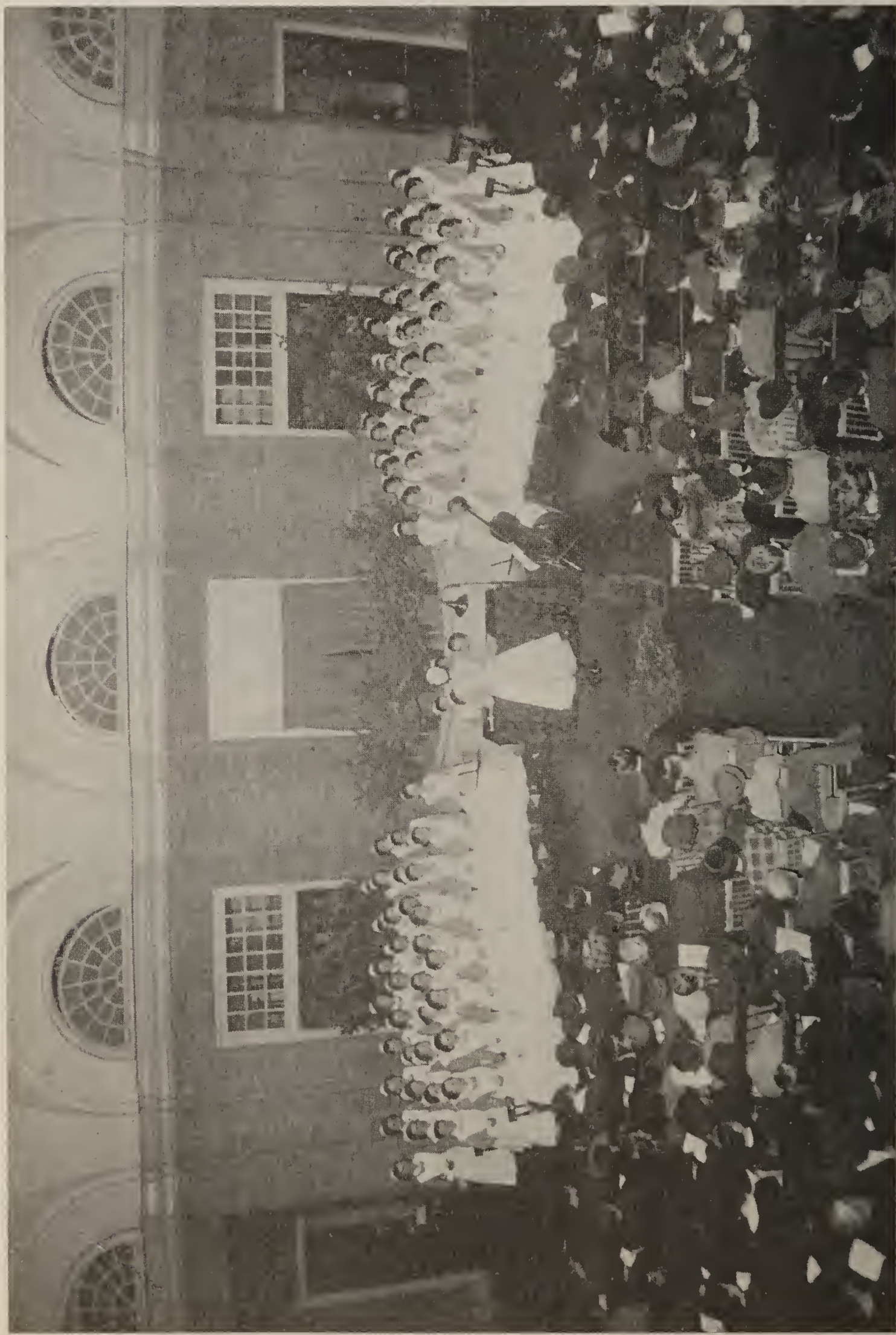
As each day flowed swiftly into the next, the guests repeatedly commented on the painstaking efforts made by the co-chairmen and the



Evolution of the School Uniform before the Sixties



MGH Students of Today in the Periodical Room of the
Palmer-Davis Library, Ruth Sleeper Hall



The MGH School of Nursing Glee Club at a
Christmas Candlelight Service



An Entering Class during a Fire Drill at Thayer House



After Class in the Seventies

numerous committees composed of alumnae, faculty, and students, and on the great success of the Centennial Celebration. This impressive and happy event strengthened the bonds of friendship, sustained pride in the School, and gave promise that its graduates would make an enlarging and increasingly significant contribution to meeting the health needs of their country.

APPENDIX A

Massachusetts General Hospital School of Nursing Members of the Faculty, 1920-1973

WHEN THE WORK on this list was started, certain decisions had to be made concerning the meaning of the term "faculty," since it was not used at the beginning of this period as it is now. Readers of *A Centennial Review* will recognize the impossibility of including the name of everyone who functioned in an educational capacity. There are 503 names in the list included here.

In the first part of this period, the full-time teachers were associated mainly with the preclinical period. Thereafter, the teaching of each clinical course was shared by the supervisor-instructor and the many doctors who lectured. A list of the names of the doctors could easily exceed one thousand.

Even among nurses a distinction had to be made between those whose primary function was nursing service, such as most evening and night supervisors or head nurses, and those whose responsibility for the education of students had different dimensions. We have not included the administrators or full-time teachers in the affiliating agencies. Temporary relief appointments or those held for a few months have not been listed.

Part-time teachers, such as those who taught one course or participated only during summer terms, have been omitted. Included are the members of the Dietary Department who for many years taught both nutrition and cookery, and diet therapy. Some persons in the School of Nursing have been included whose faculty functions were not

primarily teaching: the librarians, the supervisors of student health, and the supervisors of residences.

The sources used by the several persons who prepared this list were the School of Nursing catalogues and other School records, including copies of lists submitted to the Massachusetts Board of Registration in Nursing. We can not be certain that all names have been included that should be. If omissions are noted, we regret that they have occurred. Any additional information from readers would be useful for the School's files. It is our hope that each alumna who was a member of a class from 1920 through 1973 will be able to identify her teachers. The size of the list and the dimensions of the task made it unfeasible to specify the subjects taught or the years that each instructor was a member of the faculty.

Aaness, Ruth J.	Ballew, Helen
Abbott, Wenona	Bancroft, Helen E.
*Adams, Marjorie	Banks, Maureen Nagle
Ajemian, Sylvia	Bargh, Dorothy M.
Allen, Anne	Barnes, Josephine N.
Allison, M. Louise Evers	Barrett, Catherine Goss
Anderegg, Hope Ingersoll	Barry, Catherine Obefeld
Andrews, Marie Scherer	Bartol, Phyllis Norton
Andrews, Priscilla	Barton, Maude
Andrews, Susan B.	Batchelder, Hilda
Angell, Edythe	Bean, Elena Pelusi
Armstrong, Kathleen	Bean, Mildred J.
Aserkoff, Jean Rogert	Beauchamp, Edith A.
Atto, Kathleen H.	Beckford, Sandra
Averill, Ruth	Belcher, Helen C.
	Bellam, Gwendoline
Babcock, Janet	Bennett, Caroline
Bailey, D. Maxine	Bernard, Gertrude
Baker, Janice Patalano	Berry, Margaret

* Instructors in the Coordinated Program, Radcliffe College—Massachusetts General Hospital School of Nursing.

Bethoney, Jane Walsh
Beyer, Judith
Biede, Barbara
Biggs, Sheila McKivergan
Binderup, Catherine
Birrow, Annabelle
Blackwell, Marian
Blandford, Ruth
Blank, June
Blank, Norma
Blecha, Elmira E.
Bogg, Jean Roderick
Boghosian, Julia
Bolles, Gertrude E.
Boswell, Jean
Bourgeois, Marguerite V.
Bowen, Eleanor P.
Bowers, Elnora Jane
Bowker, Nancy
Bowles, Hazel
Brady, Audrey
Bransfield, Sister Marie
Bresnan, Maria G.
Bridges, Lois Woodbury
Broadley, Ann Pietraszek
Brophy, Paula
Brown, Mildred
Bueché, Maria
Bunten, Elizabeth
Burgess, Helen J.
Burnham, Julia
Burton, Ruth

Cahill, Ann
Calnan, Anne

Calogiro, Madalene Brown
Campbell, Jessie
Carrico, Jill
Carson, Margaret
Cartland, Mildred H.
Catalanotti, Rose Barile
Cavagnero, Florence E.
Chace, Marion M.
Chase, Adaline
Chesley, Mirian Dolloff
Childress, Joan
Chittick, Elizabeth
Chosiad, Barbara Rose
Christian, Ellen
Church, Helen L.
Coffman, Polly Lewis
Coghlan, Helen J.
*Colavecchio, Ruth
Convelski, Sadie B.
Corbett, Sarah Daphne
Corkum, Adele L.
Cote, Irene
Crocker, Frances C.
Crosby, Mary
Cross, Elsie Tait
Crouse, Patricia
Curthoys, Nancy
Curtis, Frances
Cushman, Jean

Danko, Martha
Darcey, Jeanne
Daum, Ann L.
Davitt, Dian Colette
Day, Allene R.

Deforge, Virginia
 delBueno, Dorothy
 DeLong, Adelaide
 *Del Papa, Lillian
 Dennison, Clare
 DeSousa, Mary
 Devaney, Mary Elaine
 Devlin, Estelle
 DiCicco, Filomena
 Dieter, Margaret
 Dill, Elizabeth Ann
 Dissell, Dorothy G.
 Doherty, Barbara Browne
 Doherty, Patricia McKenzie
 Dolan, Evelyn A.
 Dolley, Mary
 Donnelly, Marguerite
 Donohue, Joan
 Douglas, Linda
 Dowling, Gertrude A.
 *Doyle, Jo Ann
 Duckles, Dorothy
 Dunphy, Barbara A.
 Dupee, Ruth M.
 Dwyer, Patricia
 Dzyak, Judith

 Eastman, Gladys
 Eaton, Carol K.
 Eckstrom, Ruth
 Ellis, Margaret
 *Ellison, Justine Smith
 Ells, Marie C.
 Ellsworth, Barbara
 Erickson, Arline

Erickson, Matilda

 Farrisey, Ruth M.
 Felipa, Janice Wilson
 Ferebee, Constance L.
 Fernandez, Ruth Stillman
 Fitzpatrick, Genevieve
 Manfredonia
 Fleming, Allen B.
 Fleming, Lyn
 Floyd, Diane
 Floyd, Marion D.
 Fogarty, Margery A.
 Foley, Clare
 Foley, Mary A.
 Fortmann, Carla
 Frame, Jane G.
 Franco, Margaret
 Frank, Barbara
 Fraser, Nancy
 French, Helen
 Fricke, Joyce Mathis
 Fritz, Edna
 Frye, Orlanna

 Galeener, Janet
 Gallagher, Carole D.
 Gandolfi, Carol
 Gann, Shirley
 Garant, Carol
 Gardner, Bernice Fisher
 *Gardner, Willetta M.
 Gardon, Suzanne C.
 Gately, Margaret
 Gearhart, Gretchen

- Gedies, Ruth
Gibbons, Alice Frances
Gibeau, Janice L.
Gibson, Edith D.
Gile, Marion R.
Gilmore, Mary E.
Gilroy, Carol Lee
Gnuse, Jeanne P.
Goldberg, Janice
*Golec, Henrietta L.
Goode, Delores A.
Goodman, June
Gould, Bonnie
Grady, Frances C.
Grady, Marjorie
Graves, Julia T.
Green, Florence
Griffin, Rose, E.
Grogan, Elizabeth C.
Grosser, Ingeborg
Guinan, Patricia
- Haas, Elke
Hadley, Judith
Haessler, Diane Fiske
Hall, Elizabeth J.
Hall, Marion Woodbury
Hallfors, Helen
Hamilton, Betty Jane
Hammer, Ann M.
Hardeman, Katherine
Harkonen, Aune
Harrington, Ruth
Harris, Ruth
Harvey, Lois
- Hawkinson, Nellie X.
Heafey, Maureen L.
Heape, Gail Bergeron
Hector, Beverly
Heslin, Phyllis
Hibbard, Hope
Hill, Eleanor
Hilyard, Nancy
Hine, Mildred Halacek
Hoffman, Anna Spahl
Holbrook, Harriet Mood
Holcomb, Frances
Holleran, Constance
Hollister, Louise
Holm, Barbara J.
Holway, Edith
Horton, Cleora
Hughes, Douglas G.
Hunter, Ella P.
Hurd, John
Hurley, Josephine
Hutchinson, Eva
Hyde, Joanne M.
Hyland, Deborah
- Jackson, Mary Susan Adams
Jay, Rita
*Jensen, Germaine
Johnsen, Virginia
Johnson, Annie Hagstron
Johnson, Carole
Johnson, Dorothy F.
Johnson, Esther Reed
Johnson, Ethel B.
Johnson, Marjorie A.

Johnson, Ruth
 Johnson, Sally
 Jones, Joan E.
 Jones, Rachel

Keegan, Marie H.
 Keeley, Margaret
 Keenan, Diane
 Keene, Eleanora Alice
 Keith, Gladys E.
 Kelleher, Rita
 Kelliher, Joan P.
 Kempf, Florence C.
 Kiely, Lillian
 Kiernan, Judith
 King, Barbara Bentley
 King, Cordelia
 Kinney, Agnes Earlyne
 Kirkbride, Donna
 Kleespies, Penelope
 Koehler, Carolyn Kenney
 Kohn, Constance
 Koki, Lillian
 Kosowicz, Stella
 Koutroulis, Helen
 Kuhn, Rochelle Druker
 Kulas, Rosemary T.

Laite, Elizabeth
 Larkin, Susan
 Larsen, Doris
 Larson, Norma C.
 Lasser, Rita
 Latham, Helen C.
 Laurent, Nancy Betterley

Lawrence, Marion M.
 Layaou, Romaine
 Lehr, Beulah E.
 Leonard, Barbara
 Lepper, Edna S.
 Levine, Sandra
 *Lewis, Garland K.
 Littler, Helen C.
 Long, Carolyn Wakefield
 Luff, Gertrude
 Lynes, Evelyn

MacBeth, Lucile
 MacBrayne, Patricia
 Wentworth
 MacDonald, Lucetta
 MacKay, Mary J.
 Maher, Mary A.
 Mahon, Hilary B.
 Mahoney, Dorothy
 Mahoney, Patricia
 Mamone, Yolanda M.
 Marin, Anne M.
 Marnalse, Ruth Rita
 Marsh, Elizabeth
 Martenson, Esther L.
 Mastrangelo, Josephine
 Mawn, Margaret M.
 May, Marjorie A.
 McAlary, Patricia
 McCarthy, Laura Cameron
 McCollum, Harriet J.
 McCormack, Jean
 McCormick, Mary
 McCrae, Annabella

- McCreary, Charlotte M.
*McDerby, Alice M.
McDonald, Lucetta Ganley
McDonald, Marion
McGaffigan, Mary Patricia
McGavin, Avard Heustis
McKay, Mina A.
McKelvey, Annmaureen
McKenzie, Patricia
McKeon, Valerie
McLoon, Virginia
McMahon, Dorothy J.
McPherson, Susan Ellen
McSweeney, Ruth
Meredith, Hannah Price
Mernin, Sallie L.
Merrifield, Barbara Bieck
Meyer, Marjorie R.
Michniewicz, Jane
Miles, Marlene
Miller, Charlotte Rosedale
Miller, Evelyn R.
Miller, Gertrude
Miller, Jean
Mitchell, Pomona Jean
Monroe, Dorothy
Moore, Louise Gillis
Morrow, Mary G.
Mularczyk, Nancy
Mulry, Margaret
Murphy, Barbara Phaneuf
Murphy, Doris
Murphy, Margaret
Murray, Mary C.
Murtha, Linda Lorraine
Nassar, Mary Jane
Nelson, Bertha E.
Newnham, Patricia Friss
Nichols, Lyn
Norris, Abigail
Norton, Irene
Norton, Marlene
Norton, Mary E.
Noseworthy, Barbara
Nozawa, Ann

O'Brien, Carole
O'Brien, Elizabeth G.
O'Connor, Grace
O'Leary, Irene
*O'Leary, Sandra
O'Neil, Margaret
Opalack, Carol
O'Toole, Mildred

Palmer, Georgia
Parker, Virginia L.
Parks, Kathleen
Patton, Edith
Pearson, Georgiana
Peloquin, Rosamond
Penhale, Helen
Perkins, Sylvia
Petersdorf, Patricia Q.
Peterson, Walborg
Petrie, Martha Gordon
Petzold, Natalie L.
Phillips, Alma Cady
*Phillips, Margaret
Pitt, Ruth

Pohe, Minnie E.
Portnoy, Frances L.
Poules, Ruth
Powers, Catherine M.
Powers, Thelma
Prentiss, Dorothy C.
Prentiss, Katherine

Quinlan, Mary E.

Ratney, Tanya E.
Rearick, Marie E.
Reid, Louise
Reiter, Frances
Relitch, Marian E.
Restighini, Christine
Reynolds, Olive
Richardson, Eleanore
Richardson, Marjorie
Roberts, Olive
Robinson, Leola
Robinson, Sarah Craig
Rodgers, Susan S.
Roebuck, Frances Ann
Ross, Jeanne P.
Rossetter, Tabitha W.
Rowley, Sarah R.
Rubin, Gail Wienstein

Sandelowski, Margaret J.
Sandin, Margaret Arey
Sangster, Angela N.
Sargent, Pamela
Schaufus, Ruth I.
Schoene, Kathleen Connelly

Schulze, Barbara
Schuster, Clara
Seibert, Elma
Seibert, Sandra
*Serpico, Philomene
Shaheen, Anna
Shaw, Elizabeth
Shealy, Mary Charlotte
Shepard, Agnes Schaller
Sheppard, Barbara Woodbury
Sherwin, Helen
Shoemaker, Patricia Laird
Shotkin, Jane
Siller, Linda Bower
Simpson, Patricia A.
Sipe, Margaret H.
Sleeper, Ruth
Smith, J. Winifred
Smith, Martha Ruth
Smith, Mary Elizabeth
Solari, Lois
Soraghan, Anne Walsh
Spencer, Marianne H.
Stakes, Nancy
Stanford, Elinor G.
Stanick, Mary
Stephens, Doris G.
Stevens, Constance Delorey
Stevens, Elizabeth L.
Stevens, Marion
Stewart, Jessie
Stewart, Margaret
Stollar, Carol
Strong, Theresa
Sullivan, Alma M.

- Sullivan, Clare
Sulton, Shirley
*Sweet, Tirzah J.
Sweny, Sandra Beckford
- Tamburro, Marilyn
Tamminen, Mildred
Taylor, Anna M.
Taylor, Dorothy
Taylor, Geraldine Smith
Taylor, Mark-Allen
Teague, Jean
Teel, Katherine T.
Thass-Thienemann, Vera
Thomas, Marguerite
Thompson, Mary E.
Thorpe, Rosamond
Ticknor, Madeline
Ticknor, Mary Hammond
Tierney, Barbara Hutcoe
Tierney, Richard F.
Torrant, Eva M.
Traniello, Sarah Deignan
Tripp, Sally
Tsarides, Lucy Ann
Tucke, Maureen K.
Turnbull, Eleanor
Twomey, Abbie G.
- Vachon, Mary
Vadala, Barbara A.
Valentine, Virginia Steckel
Vance, Rosina
Vande Bunte, Ethel
Vanderschurr, Hendrika A. E.
- Van Hazinga, Janet
Vetock, Nancy Jean
Vinal, Patricia
Vincent, Donna
Vogel, Carol
Voigt, Helen
- Walker, Hazel M.
Walker, Susan N.
*Wallace, Anne
Ware, Effie Connors
Weaver, Grace Follett
*Weiss, Beverly
Wells, Shirley
Wells, Thelma
West, Marguerite Donnelly
Wheelock, Paul A.
White, Barbara
White, Margaret
Whitman, Nancy
Willis, Winnie O.
Wilson, Margaret
Wilson, Marion E.
Wilson, Sabina A.
Wollsey, Susan
Wolseley, Eileen R.
Wood, Dorothy
Wood, Helen
- *Yeo, Mary
Yens, Minette Sewall
- Zartman, Joan Clarridge
Zinsmeister, Emily

Members of the Advisory Council to the School of Nursing

1920-1973

IN 1952 the official title of this group was changed from "The Advisory Committee of the School of Nursing" to "The Advisory Council to the School of Nursing." In 1920 the designation was "The Ladies Advisory Committee."

The membership of this committee before 1920 usually included about fourteen ladies and eight doctors. The Superintendent of Nurses was the only alumna of the School on the committee until Edna Harrison Jones (MGH 1910) was appointed in 1920. She served until 1957. The committee added other alumnae to its membership through the years, but there was no representative elected by the Alumnae Association until 1920, when Helene G. Lee became the first. Thereafter the Association elected one representative annually to serve a three-year term. An asterisk in front of an alumna's name in the following list indicates that she was an elected representative; a dagger indicates honorary membership. Underlined names are those of chairmen. Marie Scherer Andrews (MGH 1936) served for three terms.

Abbott, Miss Sara D.
Aldrich, Mrs. Nelson
Allen, Mrs. Freeman
*Andrews, Mrs. Joseph
 (Marie Scherer)
Baker, Mrs. Donald V., Jr.
Baker, Norman C., M.D.
Barbour, Miss Josephine C.
*Barrett, Mrs Theodore B.
 (Catherine Goss)

Bartol, Miss Dorothy
Bazeley, Miss Louise
Bell, Mrs. Arthur W.
†Bigelow, Mrs. Henry B.
 Bigelow, Mrs. Henry F.
†Brace, Mrs. Lloyd D.
*Brooks, Miss Ethel
Brown, Lloyd T., M.D.
Butler, Allan M., M.D.
Carter, Miss Dorothy

- Casey, Miss Alice F.
Churchill, Edward D., M.D.
Clark, Dean A., M.D.
Clark, Miss Eleanor
Coolidge, Mrs. Charles A.
*Corbett, Miss S. Daphne
*Cross, Mrs. Llewellyn (Elsie Tait)
Dalton, Mrs. Philip S.
Dempsey, Miss Alice
*Dolley, Miss Mary
Downey, Mr. Maurice
Dugan, Miss Frances
Dumaine, Miss Betty
*Eastman, Mrs. Frederick (Edith Dunnells)
Edge, Miss Sigrid A.
Elliott, Mrs. Van Courtlandt
Eustis, Richard S., M.D.
Fahnestock, Mrs. Harris
Faxon, Nathaniel W., M.D.
Fenno, Miss Marion
Fiske, Mrs. Gardiner H.
Francis, Mrs. G. Tappan
Gardiner, Mrs. Robert H.
*Gilmore, Miss Mary E.
Guild, Mrs. Henry, Jr.
Hatch, Miss Louise
Haydock, Mrs. Francis B.
Haughton, Miss Alison
Hayward, Mrs. Dorothy
Higgins, Harold L., M.D.
Hollingsworth, Mrs. Valentine
Holt, Mrs. Norma
†Homans, Mrs. Robert
Hope, Mrs. Penelope Karr
Houser, Gerald F., M.D.
Howland, Miss Elizabeth
Hunter, Mrs. Francis T.
*Jackson, Mrs. Delbert (Susan Adams)
Johnson, Miss Sally
Jones, Chester M., M.D.
Jones, Daniel F., M.D.
†Jones, Mrs. Paul
†Jordan, Mrs. W. K.
Keller, John W., M.D.
Kelley, Rita M., M.D.
Kerby-Miller, Mrs. Charles
Knowles, John H., M.D.
*Kranes, Mrs. Alfred (Dorothy Jones)
*Lee, Miss Helene G.
Lee, Mrs. Roger I.
*Lepper, Miss Edna S.
*Littlefield, Miss Cecile
*Lowell, Mrs. J. Drennan (Ruth Tillotson)
*Macdonald, Miss Mary E.
MacIver, George, M.D.
Mason, Mrs. Charles E.
McArthur, Janet W., M.D.
McKittrick, Leland S., M.D.
Means, James H., M.D.
Mesick, Miss Jane L.
Minot, James J., M.D.
Morse, Mrs. Alan
Morse, Mrs. David H.
Motley, Mrs. Thomas, Sr.
†Motley, Mrs. Thomas, Jr.

- *Moulton, Miss Barbara
 *Nangle, Miss Grace L.
 Patrick, Mrs. Roland V.
 Peirce, Miss Katharine
 Petzold, Miss Natalie
 Pittman, Helen S., M.D.
 *Porter, Mrs. Huntington
 (Edith Miles)
 Porter, Miss Jessie
 Post, Mrs. John R.
 *Prouty, Mrs. Marilyn P.
 Richardson, Edward P., M.D.
 Ross, Mrs. Thorvald
 Rowland, Mrs. George R.
 Ryan, Miss Marguerite M.
 Ryder, Mr. Kenneth
 Sanders, Charles E., M.D.
 Schweir, Miss Mildred
 Sewall, Mrs. Rufus
 Sleeper, Miss Ruth
 Smith, William D., M.D.
 Smith, William H., M.D.
 Soutter, Lamar, M.D.
 Soutter, Mrs. Robert
 Spencer, Miss Marion
 Stedman, Miss Edith
 *Stimson, Miss Marjory
 Stoeckle, John D., M.D.
 Sullivan, Miss Mary M.
Thayer, Mrs. Nathaniel
 Thorndike, W. T.
 Sherman, M.D.
 *Twomey, Mrs. Anne Lyons
 Vaughan, Mrs. William W.
 Volpe, Mrs. John A.
 Wadsworth, Mrs. Elliott
 Warner, Miss Rachel
 Warren, Miss Sylvia
 Weld, Miss Margaret
 Wetmore, Mrs. Ralph
 Wigglesworth, Mrs.
 Edward, Sr.
 Wigglesworth, Mrs.
 Edward, Jr.
 *Williams, Miss Barbara
 *Wilson, Miss Dorothy
 *Wolseley, Miss Eileen
 Young, Mr. Jimmy
 *Zilg, Mrs. Leo J. (Sarah McCullough)

APPENDIX B

Presidents of the Massachusetts General Hospital Nurses Alumnae Association, 1920-1973

Carrie M. Hall (MGH 1904)
Edith I. Cox (MGH 1909)
Susan *Mills* Briggs (MGH 1913)
Clare Dennison (MGH 1918)
Margaret G. Reilly (MGH 1916)
Helen Wood (MGH 1909)
Barbara Williams (MGH 1920)
Mary E. Shepard (MGH 1924)
Marjory Stimson (MGH 1921)
Margaret Dieter (MGH 1916)
Alma *Cady* Phillips (MGH 1935)
S. Daphne Corbett (MGH 1925)
Anne *Lyons* Twomey (MGH 1931)
Adele Corkum (MGH 1934)
Madalene *Brown* Calogiro (MGH 1940)
Alice Dempsey (MGH 1942)
Jean *Roderick* Bogg (MGH 1953)
Beverly J. Thoren (MGH 1952)
Margaret *Harrington* Anderson (MGH 1947)

APPENDIX C

The Program and the Committees of the Centennial Celebration of the Massachusetts General Hospital School of Nursing

FRIDAY, SEPTEMBER 28, 1973

MORNING SESSION

PRESIDING OFFICER: Miss Ruth Sleeper, Director Emerita,
Massachusetts General Hospital School of Nursing and Nursing Service

Invocation

The Reverend Mr. Allan W. Reed
Chaplain, Massachusetts General Hospital

Greetings

Miss Natalie Petzold, Director,
Massachusetts General Hospital School of Nursing

Mr. John E. Lawrence, Chairman,
Board of Trustees, Massachusetts General Hospital

Mrs. Harris Fahnestock, Advisory Council,
Massachusetts General Hospital School of Nursing

Dr. Thomas S. Durant, Assistant Director,
Massachusetts General Hospital

Mrs. Margaret H. Anderson, President,
Massachusetts General Hospital Nurses Alumnae Association

Keynote Address

Janet Wilson James

Professor, Department of History, Boston College

“Nursing Education in Historical Perspective”

AFTERNOON SESSION

PRESIDING OFFICER: Miss Edna Lepper

Former Director of Nursing Service, Massachusetts General Hospital

Miss Phyllis Friend, C.B.E., Chief Nursing Officer,
Department of Health and Social Security, England

“Impact of Social Forces on Nursing in England and
Nursing’s Effect on Society”

Miss M. Josephine Flaherty, Dean and Professor,
Faculty of Nursing, University of Western Ontario, Canada

“Impact of Social Forces on Nursing in Canada and
Nursing’s Effect on Society”

Miss Dorothy M. Smith, Dean Emeritus,
Professor of Nursing and Medicine, College of Nursing,
J. Hollis Miller Health Center, University of Florida

“Experiences as a Nurse on a Medical, Nursing, and
Patient Team on a Medical Unit”

Reception

SATURDAY, SEPTEMBER 29, 1973

MORNING SESSION

PRESIDING OFFICER: Miss Helen Sherwin, Coordinator,
Sciences and Mental Health Nursing,
Massachusetts General Hospital School of Nursing

Miss Natalie Petzold

“Massachusetts General Hospital School of Nursing:
A Touch of the Past; A Look at the Present;
A Glimpse into the Future”

Mrs. Elda S. Popiel, Assistant Dean and Professor,
University of Colorado School of Nursing
“Continuing Education”

Homecoming Luncheon

AFTERNOON SESSION

PRESIDING OFFICER: Miss Beverly J. Thoren, Administrative
Assistant, Department of Nursing, Massachusetts General Hospital

Miss Constance Holleran, Deputy Executive Director,
American Nurses Association

“Federal Legislation as It Affects Nursing Care”

Miss Mary E. Macdonald, Director,
Department of Nursing, Massachusetts General Hospital
“The Emerging Role of the Nurse in Practice”

EVENING PROGRAM

Reception and Banquet

MISTRESS OF CEREMONIES: Miss Sylvia Perkins
Former Assistant Director, Chairman, Coordinated Program
Radcliffe College–Massachusetts General Hospital School of Nursing

Dr. Charles A. Sanders, General Director,
Massachusetts General Hospital
“Ambulatory Services at the Massachusetts General Hospital”

Presentation of Portrait of Miss Ruth Sleeper,
the gift of the Nurses Alumnae Association to the School of Nursing
Presented by Mrs. Margaret H. Anderson
Accepted by Miss Natalie Petzold

Presentation of Awards by the President of the
Alumnae Association, Mrs. Margaret H. Anderson

Ten alumnae were selected to receive awards for their own contributions
in a particular field of Nursing and as representatives of fellow
alumnae who have also made contributions in those fields.

Citations

Walborg Peterson (1926)	International Nursing
Edith Morse Palmer (1928)	Volunteer Community Service
Thelma Ingles (1936)	Nursing Education and Research
Ruth Farrisey (1938)	Administration of Nursing Service
Mary E. Macdonald (1942)	Nursing Education and the Administration of Nursing Service
Ingeborg Grosser Mauksch (1943)	Nursing Education and Research
Helen Belcher (1944)	The Improvement and Regionalization of Nursing Education
Constance Holleran (1956)	Government Affairs
Thelma Wells (1962)	Clinical Nursing Practice
Floreid Walker Ambers (1964)	Public Health Nursing

Special Awards

SYLVIA PERKINS (1928)

“for her contribution and that of her fellow alumnae in the
compilation of the history of the School of Nursing”

EVELYN LYONS LAWLOR (1936)

“in recognition of her devoted service as Secretary to the
Massachusetts General Hospital Nurses Alumnae Association”

BARBARA FITCH

“in recognition of her devoted service as Secretary to the
Director of the School of Nursing”

HELEN SHERWIN

“in recognition of her contribution and that of other
non-alumnae colleagues to the School of Nursing”

SUNDAY, SEPTEMBER 30, 1973

CLINICAL SESSIONS

PRESIDING OFFICER: Miss Ann M. Cahill

Chairman and Clinical Instructor,
Nursing Care of the Patient in Surgery,
Massachusetts General Hospital School of Nursing

Dr. Richard J. Smith, Assistant Clinical Professor of
Orthopedic Surgery, Harvard Medical School; Associate
Orthopedic Surgeon, Massachusetts General Hospital
“Surgical Reconstruction of the Hand”

Dr. Kenneth T. Bird, Professor of Clinical Medicine, Harvard
Medical School; Associate Physician, Massachusetts General Hospital
“Telediagnosis: A Shared Adventure”

Dr. Han T. Chiang, Instructor in Anesthesia, Harvard Medical
School; Assistant in Anesthesia, Massachusetts General Hospital
“Acupuncture”

Dr. M. Judah Folkman, Julia Dyckman Andrus Professor of
Surgery, Harvard Medical School; Surgeon-in-Chief,
Children’s Hospital Medical Center, Boston
“Growth and Regression of Human Tumors”

Tours of the Hospital and the School of Nursing

CENTENNIAL CELEBRATION COMMITTEES

CENTENNIAL STEERING COMMITTEE

Ann Cahill (1945) and Frances Gibbons, General Co-chairmen

Alumnae

Margaret Harrington
Anderson (1947)
Aina Jakobsons Apse (1955)
Catherine Goss Barrett (1958)
Diane Battle (1968)
Catherine Harrington Boyd
(1952)
Mary Flannery Cairra (1959)
Ena Chang (1962)
Carol Chase DeMille (1953)
Frances Balchunas Gnong (1945)
Miriam Huggard (1931)
Annie Ricci Polcari (1954)
Beverly J. Thoren (1952)

Faculty

Audrey Brady
Lyn Fleming
Carolyn Kenney Koehler (1963)
Dorothy Mahoney (1952)
Yolanda Mamone
Natalie Petzold
Sarah Craig Robinson
Helen Sherwin
Richard Tierney
Paul Wheelock

REGISTRATION COMMITTEE

Frances B. Gnong (1945) and Dorothy Mahoney (1952), Co-chairmen

Alumnae

Frances Perry Devitt (1958)
Carol Cascadden Gardiner (1945)
Dorothy Lucius Kozloski (1952)
Evelyn Lyons Lawlor (1936)
Helene Lee (1922)
Mary McMullen (1969)
Sandra Cobbett Moore (1968)
Barbara Lumbr Piraino (1952)
Alma Cady Robbins (1935)
Barbara Williams (1920)

Faculty

Annabelle Birrow
Margaret Keeley
Carolyn Long
Dorothy McMahan
Marian Relitch
M. Elizabeth Smith
Richard Tierney
Frank White

ADVISORY COMMITTEE

Marguerite Ryan

ARRANGEMENTS COMMITTEE

Ena Chang (1962) and Sarah Craig Robinson, Co-chairmen

Alumnae

Helen Baker (1927)
 Margaret Carlson
 Gilmour (1962)
 Dorothy Jones Kranes (1930)
 Barbara Wilson Mahoney (1963)
 Carolyn Thayer (1962)
 Esther Lane Wadden (1947)

Faculty

Gertrud Ilse
 Joan Jones
 Rosemary Kulas
 Frances Roebuck
 Anne Soraghan
 Nancy Vetock

PROGRAM COMMITTEE

Catherine Goss Barrett (1958) and
 Mary Flannery Caira (1959), Co-chairmen

Alumnae

Adele Corkum (1934)
 Yvonne Arikian Foley (1971)
 Edna Lepper (1926)
 Margaret Partington
 Munson (1970)
 Kathryn Pazola (1969)
 Sylvia Perkins (1928)

Faculty

Ann Cahill (1945)
 Frances Gibbons
 Natalie Petzold
 Helen Sherwin

PUBLICITY COMMITTEE

Annie Ricci Polcari (1954) and Paul Wheelock, Co-chairmen

Alumnae

Madalene Brown
 Calogiro (1940)
 Alice Yancey Conlon (1941)
 Barbara Masse Connor (1954)
 Barbara Podgurski
 Dunderdale (1963)

Faculty

Jean Boswell
 Hilary Mahon
 Ruth Marnalse
 Thelma Powers

HOSPITALITY COMMITTEE

Miriam Huggard (1931) and Beverly J. Thoren (1952), Co-chairmen

Alumnae

Helen Kukuk (1954)
 Ruth Tillotson Lowell (1949)
 Charlene R. Messina (1966)
 Carole Robertson (1967)
 Mary Ross (1935)
 Rita Dougherty Sidman (1946)
 Kathryn Hinchey Tully (1946)
 Phyllis Paton Welch (1936)

Faculty

Audrey Brady
 Sister Marie Bransfield
 Barbara Ellsworth
 Ann Hammer
 Katherine Hardeman
 Joanne Hyde
 Linda Siller
 Sally Traniello

SCHOOL ACTIVITIES COMMITTEE

Carolyn Kenney Koehler (1963) and Yolanda Mamone, Co-chairmen

Faculty

Marie Bresnan
 Dian Davitt
 Evelyn Dolan
 Myrtle Hibbard
 Lillian Kiely
 Patricia Sheetz
 Carol Stollar
 Sandra Beckford Sweny
 Geraldine Taylor

Students

Robin Biggio (1975)
 Monica Brotherton (1975)
 Janice Caggiano (1974)
 Eileen Lawrence (1973)
 Nancy McKenzie (1973)

AWARDS AND RECOGNITION COMMITTEE

Margaret H. Anderson (1947) and Diane Battle (1968), Co-chairmen

Ethel A. Brooks (1926)
 Honor Keegan (1963)
 Mary E. Macdonald (1942)
 Natalie Petzold

Ruth Sleeper (1922)
 Beverly J. Thoren (1952)
 Anne Lyons Twomey (1931)

COMMEMORATIVE COMMITTEE

Catherine H. Boyd (1952) and Carol C. DeMille (1953), Co-chairmen

Barbara Fitch

Mary MacDonald (1931)

Gertrude Christie Kaizzi (1933)

Sarah McCullough Zilg (1935)

MONITORIAL COMMITTEE

Aina J. Apse (1955) and Lyn Fleming, Co-chairmen

Alumnae

Mary Jane Nasser

St. Amour (1960)

Margaret Plant O'Toole (1963)

Faculty

Jill Carrico

Rochelle Druker

Carol Gilroy

Mary Morrow

Maureen Tucke

NOTES

CHAPTER 1

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2. Ibid., p. 58.
3. Lemuel Shattuck, *Report of the Sanitary Commission of Massachusetts* (Boston, 1850), p. 224.
4. Ibid., p. 228.
5. Joseph Garland, *Every Man Our Neighbor, A Brief History of the Massachusetts General Hospital, 1811-1961* (Boston: Little, Brown and Company, 1961), pp. 19-20.
6. Sara E. Parsons, *History of the Massachusetts General Hospital Training School for Nurses* (Boston: Whitcomb and Barrows, 1922), p. 9.
7. Ibid., pp. 17-18.

CHAPTER 2

1. Sarah Cabot Wheelwright, "An Account of the Forming of the Boston Training School for Nurses" (undated, unpublished manuscript, in the historical collection of the Massachusetts General Hospital School of Nursing), p. 2.
2. Sara E. Parsons, *History of the Massachusetts General Hospital Training School for Nurses* (Boston: Whitcomb and Barrows, 1922), p. 21.
3. Ibid., p. 39.
4. Wheelwright, "Account," p. 4.
5. Parsons, *History*, p. 54.
6. Ibid., p. 57.
7. Minutes, July 1888, Meeting of the Directors of the Boston Training School for Nurses, p. 134.
8. Parsons, *History*, pp. 97-98.
9. Ibid., p. 51.
10. Ibid., p. 65.
11. Ibid., p. 97.

CHAPTER 3

1. The figures for 1890 are in Isabel M. Stewart, *The Education of Nurses* (New York: Macmillan, 1943), p. 128, and the others are in Mary M. Roberts, *American Nursing, History and Interpretation* (New York: Macmillan, 1955), p. 110. Copyright 1954 Macmillan Publishing Co., Inc.
2. Mary E. P. Davis was a member of this committee.
3. *History of the Alumnae Association of the Boston and Massachusetts General Hospital Training School for Nurses* (Boston, 1907), p. 3.

4. Action was taken at the annual meeting of the Alumnae Association of the Boston Training School for Nurses, attached to the Massachusetts General Hospital, held on the last Tuesday in October, 1896, to amend the Constitution so that the name of the organization might be changed because the Massachusetts General Hospital had assumed control of the School.

5. The other student was Alice A. Gorman (BTSN 1889).

6. Anna Roth, *Thirty-five Years of the Massachusetts State Nurses' Association* (The Association, 1938), p. 5.

7. Stewart, *Education*, p. 92.

8. *Ibid.*, p. 148.

9. Sara E. Parsons, *History of the Massachusetts General Hospital Training School for Nurses* (Boston: Whitcomb and Barrows, 1922), p. 160.

10. Frederic A. Washburn, *The Massachusetts General Hospital, Its Development, 1900-1935* (Boston: Houghton Mifflin, 1939), p. 461.

11. Mary M. Roberts, *American Nursing* (New York: Macmillan, 1955), pp. 61, 68, 69. Copyright 1954 Macmillan Publishing Co., Inc.

CHAPTER 4

1. Sara E. Parsons, *History of the Massachusetts General Hospital Training School for Nurses* (Boston: Whitcomb and Barrows, 1922), p. 98.

2. Pauline L. Dolliver, Report of the Massachusetts General Hospital Training School for Nurses for 1903, p. 4.

3. Parsons, *History*, p. 101.

4. Dolliver, Report, p. 3.

5. Parsons, *History*, p. 101.

6. Kenneth L. Mark, *Delayed By Fire, Being the Early History of Simmons College* (printed privately, 1945), p. 24.

7. Pauline L. Dolliver, Report of the Training School for 1904, p. 18.

8. Minutes of the Ladies Committee on the Training School for Nurses, February 10, 1908.

9. Minutes of the Ladies Committee on the Training School, May 9, 1910.

10. Parsons, *History*, pp. 105-106.

11. Frederic A. Washburn, *The Massachusetts General Hospital, Its Development, 1900-1935* (Boston: Houghton Mifflin, 1939), p. 444.

12. *Ibid.*

13. Anna C. Maxwell, "Memorial Tribute," *The Quarterly Record*, Vol. xi, No. 4 (December 1921), pp. 5-6.

14. Georgiana J. Sanders, "Ward Supervision," in *Proceedings of the Sixteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses* (1910), pp. 145, 147, 155.

CHAPTER 5

1. Mary M. Roberts, *American Nursing* (New York: Macmillan, 1955), p. 132. Copyright 1954 Macmillan Publishing Co., Inc.

2. *Ibid.*, p. 113.

CHAPTER 6

1. Sara E. Parsons, *History of the Massachusetts General Hospital Training School for Nurses* (Boston: Whitcomb and Barrows, 1922), p. 128.
2. Sara E. Parsons, *The Report of the Superintendent of Nurses to the Resident Physician* (1910), pp. 3–4.
3. Ethel Johns and Blanche Pfefferkorn, *The Johns Hopkins Hospital School of Nursing, 1889–1949* (Baltimore: The Johns Hopkins Press, 1954), p. 109.
4. Parsons, *Report*, 1910, p. 6.
5. Lucy Fletcher is believed to have been the first graduate of Radcliffe College to graduate from the MGH Training School.
6. Circular of Information of the Massachusetts General Hospital Training School for Nurses (1910), p. 16.
7. *Ibid.*, p. 15.
8. *Ibid.*, p. 12.
9. Sara E. Parsons, *Nursing Problems and Obligations* (Boston: Whitcomb and Barrows, 1916), pp. vii–viii.
10. *Ibid.*, p. 9.
11. *Ibid.*, pp. 45, 79, 88.
12. *Ibid.*, p. 79.
13. *Ibid.*, p. 85.
14. *Ibid.*, p. 131.
15. *Ibid.*, p. 134.
16. *Ibid.*, p. 141.
17. *Ibid.*, p. 147.
18. Sara E. Parsons, *Report of the Training School for 1915*, p. 7.
19. Sara E. Parsons, “How Shall We Raise Our Endowment?” *The Quarterly Record*, Vol. ix, No. 4 (December 1919), p. 12.
20. Sara E. Parsons, *Report of the Superintendent of Nurses, 1912*, p. 5.
21. Minutes, March 8, 1918, Meeting of the Trustees of the Massachusetts General Hospital, pp. 483–484.

CHAPTER 7

1. Editorial comment, *The Quarterly Record*, Vol. i, No. 1 (March 1911), pp. 1–2.
2. Jane F. Riley, “The Red Cross Nursing Service,” *The Quarterly Record*, Vol. i, No. 1 (March 1911), p. 16.
3. “Sick Relief Association—Massachusetts General Hospital Nurses’ Alumnae, 1909–1935,” *The Quarterly Record*, Vol. xxv, No. 2 (June 1935), p. 16.
4. Sara E. Parsons, *Report of the Training School for 1914*, p. 5.
5. Receipt from the Treasurer of the Massachusetts General Hospital to Miss Parsons with a memorandum stating that her donation would be listed in the name of “A Graduate” in accordance with her instructions. In the historical files of the School.
6. Sara E. Parsons, *Report of the Training School for 1915*, p. 6.
7. Sara E. Parsons, *Report read at the graduation of the 1917 Class*, p. 6.
8. *Ibid.*
9. *Ibid.*

CHAPTER 8

1. Josephine Mulville, "Miss Parsons, Chief Nurse, U.S. Army Base Hospital No. 6," *The Quarterly Record*, Vol. xli, No. 2 (June 1950), p. 14.
2. Sara E. Parsons, "The Nurses' Point of View," in *History of Base Hospital No. 6, United States Army* (Boston: The Massachusetts General Hospital, 1924), p. 57.
3. This incident was reported to the author by Barbara Williams (MGH 1920).
4. Frederic A. Washburn, *The Massachusetts General Hospital, Its Development, 1900-1935* (Boston: Houghton Mifflin, 1939), p. 445.
5. Helen Wood, "The Place of the Student Nurse in the Service of the Hospital," *American Journal of Nursing*, Vol. xxv, No. 3 (March 1925), p. 183.

CHAPTER 9

1. National League of Nursing Education, *The Standard Curriculum* (New York: The League, 1917), p. 10.
2. Ibid., p. 11.
3. Ibid., p. 19.
4. Ibid., p. 20.
5. Sara E. Parsons, Report read at the graduation of the 1917 Class, p. 5.
6. Committee for the Study of Nursing Education, *Nursing and Nursing Education in the United States* (New York: Macmillan, 1923), p. 169.
7. Richard O. Beard, "The University Education of the Nurse," in *15th Annual Report of the American Society of Superintendents of Training Schools for Nurses* (1909), p. 112.
8. Isabel M. Stewart, *The Education of Nurses* (New York: Macmillan, 1943), p. 175.
9. Ibid., p. 226.
10. Richard O. Beard, "The Social, Economic, and Educational Status of the Nurse," *American Journal of Nursing*, Vol. xx, No. 9 (September 1920), p. 955.

CHAPTER 10

1. Sara E. Parsons, "Open Letters," *The Quarterly Record*, Vol. ix, No. 2 (June 1919), p. 20.
2. Ibid., p. 22.
3. Sally Johnson, "Sara E. Parsons, 1864-1949," *The Quarterly Record*, Vol. xli, No. 2 (June 1950), p. 12.

CHAPTER 11

1. Henry P. Walcott, Opening Address at the Massachusetts General Hospital Centennial Exercises, *The Quarterly Record*, Vol. xii, No. 3 (September 1922), p. 3.
2. Frederick C. Shattuck, Centennial speech, no title, *The Quarterly Record*, Vol. xii, No. 3 (September 1922), p. 11.
3. Harvey Cushing, "The Personality of a Hospital," *The Quarterly Record*, Vol. xii, No. 3 (September 1922), p. 12 ff.

4. *The Quarterly Record*, Vol. xiii, No. 4 (December 1923), contains a full account of the 50th Anniversary of the MGH Training School for Nurses, including pictures; the text of the pageant, "The Bearers of the Lamp"; Sally Johnson's "The School in Review"; a poem by Margaret Dieter; and Dr. Winford Smith's address.

5. Sally Johnson, "The School in Review," *The Quarterly Record*, Vol. xiii, No. 4 (December 1923), p. 32.

6. Winford Smith, "Training Schools and the Nursing Profession," *The Quarterly Record*, Vol. xiii, No. 4 (December 1923), p. 36.

7. *Ibid.*, p. 37.

8. *Ibid.*, p. 44.

9. *Ibid.*, p. 45.

10. *Ibid.*

11. This pageant was written and directed by Ruth Pond. Miss Pond, not a nurse, was a Vassar College graduate who was interested in dramatic productions. Lillian Dobie Balboni (MGH 1910) was the chairman of the pageant committee.

12. Sally Johnson, "The Annual Report of the Massachusetts General Hospital Training School for Nurses, Graduation January 7, 1925," *The Quarterly Record*, Vol. xv, No. 1 (March 1925), p. 3.

13. Sally Johnson, "Mrs. Nathaniel Thayer in Her Relationship to the Training School for Nurses," *The Quarterly Record*, Vol. xxiv, No. 4 (December 1933), p. 8.

14. Minutes, Ladies Advisory Committee, May 5, 1924.

15. Minutes, Ladies Advisory Committee, December 10, 1923.

16. Minutes, Ladies Advisory Committee, January 23, 1924.

CHAPTER 12

1. Frederic A. Washburn, *The Massachusetts General Hospital, Its Development, 1900-1935* (Boston: Houghton Mifflin, 1939), p. 233.

2. Sally Johnson, "Report of the Training School for Nurses, Graduation Exercises, 1929," *The Quarterly Record*, Vol. xix, No. 1 (March 1929), p. 7.

3. Sally Johnson, "Graduation Report, Massachusetts General Hospital Training School for Nurses, February 6, 1931," *The Quarterly Record*, Vol. xxi, No. 1 (March 1931), pp. 5-6.

4. Sally Johnson, "Graduation Report, Massachusetts General Hospital Training School for Nurses, February 10, 1933," *The Quarterly Record*, Vol. xxiii, No. 1 (March 1933), p. 11.

5. Haven Emerson, *The Baker Memorial* (New York: The Commonwealth Fund, 1941), p. 19.

6. Washburn, *The Massachusetts General Hospital*, pp. 188-195.

7. E.M. refers to the East Medical Service, so named because of the location of the wards in the Bulfinch Building that were staffed by a group of doctors so designated.

8. W.M.—the West Medical Service.

9. Washburn, *The Massachusetts General Hospital*, p. 191.

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12. *Ibid.*, pp. 422-423.

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2. Clare Dennison and Mina McKay, "Developments of Ward Teaching, Massachusetts General Hospital," *The Quarterly Record*, Vol. XVI, No. 4 (December 1926), p. 16.
3. Sally Johnson, "Miss Dennison Resigns—Goes to Columbia University," *The Quarterly Record*, Vol. XX, No. 3 (September 1930), p. 11.
4. Blanche Pfefferkorn and Marion Rottman, *Clinical Education in Nursing* (New York: Macmillan, 1932).
5. Margaret Carrington, "The Supervisor," *The Quarterly Record*, Vol. XV, No. 2 (June 1925), p. 12.
6. *Ibid.*, pp. 14-15.
7. Minutes, Ladies Advisory Committee, November 3, 1930.
8. Sally Johnson, "The Graduation Report—1928," *The Quarterly Record*, Vol. XVIII, No. 1 (March 1928), p. 11.
9. "Tentative Standards for Schools of Nursing Seeking Connection with a College or University," *American Journal of Nursing*, Vol. XXXI, No. 7 (July 1931), p. 851.
10. Isabel M. Stewart, *The Education of Nurses* (New York: Macmillan, 1934), p. 231.

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1. Richard H. Shryock, *The Development of Modern Medicine* (New York: Alfred A. Knopf, 1936), p. 348.
2. Mary M. Roberts, *American Nursing* (New York: Macmillan, 1955), p. 101. Copyright 1954 Macmillan Publishing Co., Inc.
3. *Ibid.*, p. 178.
4. *Ibid.*
5. Committee for the Study of Nursing Education, *Nursing and Nursing Education in the United States* (New York: Macmillan, 1923), p. 20.
6. *Ibid.*, pp. 11-30.
7. Roberts, *American Nursing*, p. 179.
8. *Ibid.*, p. 180.
9. *Ibid.*
10. Isabel M. Stewart, *The Education of Nurses* (New York: Macmillan, 1943), p. 203.
11. Gertrude E. Hodgman, "The Teaching of Public Health Nursing at Yale," *American Journal of Nursing*, Vol. XXIX, No. 11 (November 1929), pp. 1354-1355.
12. "Are Students Always in Class?" *American Journal of Nursing*, Vol. XXIX, No. 8 (August 1929), p. 971.
13. Mary E. Macdonald, "We Present . . . Margaret G. Reilly, 1916," *The Quarterly Record*, Vol. XLIII, No. 3 (September 1952), p. 17.
14. Sally Johnson, "Report of the Massachusetts General Hospital School of Nursing," *The Quarterly Record*, Vol. XVI, No. 1 (March 1926), p. 8.
15. *Ibid.*
16. *Announcement of the Massachusetts General Hospital Training School for Nurses, 1926-1927*, p. 9.
17. Frederic A. Washburn, *The Massachusetts General Hospital, Its Development, 1900-1935* (Boston: Houghton Mifflin, 1939), p. 223.

CHAPTER 15

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2. Sally Johnson, "Graduation Report of the Massachusetts General Hospital Training School for Nurses, February 10, 1933," *The Quarterly Record*, Vol. xxiii, No. 1 (March 1933), p. 13.

CHAPTER 16

1. National League of Nursing Education, *A Curriculum for Schools of Nursing* (New York: The League, 1927), p. 9.

2. Ibid., p. 11.

3. Ibid., p. 46.

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5. Mary M. Roberts, *American Nursing* (New York: Macmillan, 1955), p. 185. Copyright 1954 Macmillan Publishing Co., Inc.

6. May Ayres Burgess, *A Five-Year Program for the Committee on the Grading of Nursing Schools* (New York: The Committee on the Grading of Nursing Schools, 1926), p. 10.

7. Isabel M. Stewart, *The Education of Nurses* (New York: Macmillan, 1943), p. 209.

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9. May Ayres Burgess, "Nurses, Patients and Pocketbooks," in *34th Annual Report, The National League of Nursing Education* (New York: The League, 1928), p. 238.

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11. Ibid., p. 248.

12. May Ayres Burgess, "The First Grading," *American Journal of Nursing*, Vol. xxix, No. 4 (April 1929), p. 429.

13. Ibid., p. 431.

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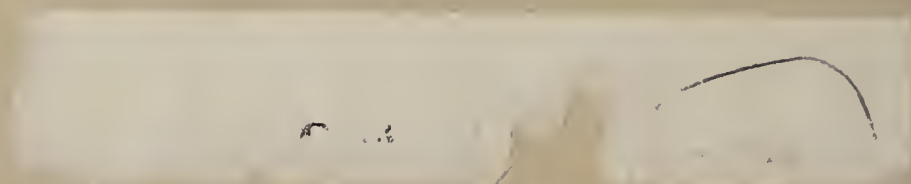
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